

DESCRIPTION OF ACTIVITIES

A) TEAM BONDING ACTIVITIES:

- 1. Helium Rod Challenge:** Group has to raise a plastic Rod Chest high and lower it to the ground using thumbs only.
Risk Assessment: **LOW risk of injury**
- 2. Bucket Challenge:** Group divided into pairs of which one person is blind-folded, has to hold a rope attached to a bungee and depend upon his partner for instructions.
The group has to capture the bucket and move it and then release the bucket.
Risk Assessment: **LOW risk of injury**
- 3. Train Challenge:** A team of 9 people blind-folded have to maneuver guided by a driver by non-verbal commands.
Risk Assessment: **LOW risk of injury**
- 4. Skis Challenge:** Teams of 6 people have to work in harmony to operate/move on skis like centipedes.
Risk Assessment: **LOW risk of injury**
- 5. Caterpillar Challenge:** Teams of 6 have to operate in harmony in a Caterpillar Belt.
Risk Assessment: **LOW risk of injury**
- 6. Conveyor Belts Challenge:** Team of 6 have to carry one member on their bodies by rotating in harmony.
Risk Assessment: **LOW risk of injury**
- 7. Triathlon Challenge:** The Skis, Caterpillar, Conveyor Belt are all completed together in competition between teams.
Risk Assessment: **LOW risk of injury**

B) 5K RUN:

This comprises of two lapses of a 2,5k cross country run which has no obstacles and is totally roped off.

I declare that I have read the above description, I am aware of what the activities involve and I give permission for my son/daughter

_____ age _____ to participate in
(Name of Participant in BLOCK CAPITALS)
aforementioned activities.

Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____

** circle applicable*

Croghan Hill Challenge Ltd.

DECLARATION OF FITNESS TO PARTICIPATE IN CROGHAN HILL CHALLENGE ACTIVITIES

Croghan Hill Challenge Activities are strenuous and require one to be in good health and good physical condition.

I hereby declare that my son/daughter' _____ is physically fit and does NOT suffer from any physical infirmities or chronic illness which would affect his/her ability to engage in Croghan Hill Challenge Activities, and that he/she is NOT now under any treatment for any of the following:

1. Cardiac or pulmonary condition or disease.
2. High of low blood pressure.
3. Fainting spells or convulsions.
4. Epilepsy
5. Nervous disorders
6. Kidney or related diseases.
7. Shortness of breath
8. Inner or middle ear problems.
9. Diabetes.
10. Allergies
11. Pregnancy
12. Phobias and fears
13. Injuries
14. Any other relevant information

If your child suffers from any of the above conditions, you must inform the instructor. Failure to do so may cause permanent damage or injury to your son/daughter^o or endanger the lives of other participants in Croghan Hill Challenge Activities.

I declare that my son/daughter _____ does not suffer from previous injuries or surgery, which might be aggravated by participating in Croghan Hill Challenge Activities.

I further declare that my son/daughter^o _____ is not currently on any regular medication and has not taken alcoholic beverages or drugs during the last eight (8) hours.

It is against Rules and Regulations of Croghan Hill Challenge Ltd. to take either alcohol or drugs while engaging in Croghan Hill Challenge Activities.

I agree that my son/daughter adheres to these Rules at all times.

NAME OF PARENT/GUARDIAN: _____
(BLOCK CAPITALS)

SIGNATURE: _____ DATE: _____

**circle applicable*

Croghan Hill Challenge Ltd.

INDEMNITY & ASSUMPTION OF RISK FORM

PARTICIPANT NAME: _____ DOB: _____

ADDRESS: _____

TEL NO. HOME: _____ MOBILE: _____ EMAIL: _____

IN CASE OF EMERGENCY NOTIFY: _____ TEL: _____

EXEMPTION FROM LIABILITY:

With regard to participating in Croghan Hill Challenge Activities and the use of Croghan Hill Challenge Ltd. equipment I hereby undertake to indemnify Croghan Hill Challenge Ltd. against all liability to my son/daughter or other person/persons in respect of death or injury (including that due to neglect or default on the part of any of the above named, their servants or agents) suffered by my son/daughter' as a result of using the services, equipment or facilities provided by Croghan Hill Challenge Ltd., I declare that this indemnity shall not be terminated by my son's/daughter'C death but shall be deemed to be a continuing indemnity binding on his/her* legal representatives and his/her* estate in general.

ASSUMPTION OF RISK

I understand that my son/daughter will be performing Croghan Hill Challenge Activities. I **ALSO UNDERSTAND THAT CROGHAN HILL CHALLENGE ACTIVITIES WILL EXPOSE MY SON/DAUGHTER TO RISK OF PERSONAL INJURY AND DEATH.** I freely and voluntarily choose to assume all risks inherent in Croghan Hill Challenge Activities, including risks of equipment malfunction or failure to function which may result from dome defect in design/manufacture, improper or negligent operation or sue of the equipment, for the thrill of participating in Croghan Hill Challenge Activities.

INSURANCE

Croghan Hill Challenge Ltd. does not supply insurance cover for individual participants of Croghan Hill Challenge Activities. I understand I am not covered for personal injury or personal injury or general liability insurance during Croghan Hill Challenge Activities. Individuals may take out their own insurance with insurance provider of their own choice.

REPORTING OF INJURY OR SUSPECTED INJURY

I declare that my son/daughter' will report immediately any injury or suspected injury to my instructor. I agree that my son/daughter will make a frill and complete written report before leaving the scene of the alleged or suspected injury in the presence of the group supervisor.

I have seen and have had explained to me and consequently understand the warnings of outlining the risks involved should my son/daughter participate in Croghan Hill Challenge Activities.

I have read this agreement carefully, I fully understand its contents and I can sign of my own free will.

Signature of Parent/Guardian: _____ Date: _____

Witness: _____ (PRINT NAME) Date: _____

circle applicable

Croghan Hill Challenge Ltd.

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WARNING!

Croghan Hill Challenge Activities can be *DANGEROUS* and there is a risk of *SERUIOUS INJURY or DEATH with* every activity. The onus is on every person to ensure that he/she completely understands the risks involved.

You should not take part in Croghan Hill Challenge Activities *if you* do NOT completely understand and accept the risks involved.

DISCLAIMER OF LIABILITY

Participation in Croghan Hill Challenge is a potentially dangerous activity with a risk of serious injury. While training and good level of fitness minimizes this risk, such risks cannot be completely eliminated. No guarantees as to participant's safety can be given and the Croghan Hill challenge Ltd, its promoters, agents or any related parties does not make any claim that participation in the Croghan Hill Challenge will be accident or injury free. Participants take part **STRICTLY AT YOUR OWN RISK AND MUST ACCEPT FULL RESPONSIBILITY FOR THE RISKS ASSOCIATED WITH PARTICIATING IN THE CROGHAN HILL CHALLENGE AND ITS RELATED ACTIVITIES.**

I certify that I read the above Warning Note and that I understand and accept the risks involved in Croghan Hill Challenge Activities.

NAME: _____ (BLOCK CAPITALS)

SIGNATURE: _____ DATE: _____

WITNESS NAME (INSTRUCTOR): _____ (BLOCK CAPITALS)

WITNESS SIGNATURE _____

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To be signed by the Parent/Legal Guardian of person under the age of 18 years

I am the Parent/Legal Guardian of _____ aged _____ years.

I certify that I have read the above Warning Notice. I understand and accept the risks involved to the above mentioned in this activity and I consent to hi_m/he_r* participating in Croghan Hill Challenge Activities.

Signed Parent/Legal Guardia: _____ Date: _____

Address: _____

_____ Phone: _____

circle applicable