

Acknowledgement of Risk , Release of Liability, Medical Release, and Marketing Release
Coastal Horizons Center, Inc. Adventure Programs 2011

Acknowledgement of Risk

Coastal Horizons Adventure Learning Center (CHALC) and / or the contacting representatives have informed me that portions of the program are physically challenging. I recognize that the potential for injury exists. Participation in the program's physical activity is voluntary and I may elect to limit my participation in such activity at any time. I understand that my failure to disclose complete and accurate information could result in serious harm to fellow participants or me.

I agree not to be under the influence of any chemical substance or alcohol during the activities, except for any medication disclosed to Coastal Horizons Adventure Learning Center or its agents.

Participants Name: _____ Age: _____

Participants / Guardians Signature: _____ Date: _____

Medical Information Release and Permission to Treat Statement

In case of accident, Coastal Horizons Center, Inc., and its agents have my consent to release all medical information and incident reports to insurance companies and other agencies deemed appropriate by Coastal Horizons Adventure Programs Coordinator. I also authorize Coastal Horizons Adventure Programs, its agents, or other emergency medical personnel to render emergency or first aid treatment for any and all illnesses / injuries to the participant named below. In the event that my child would be rendered unable to communicate by an emergency or accident while participating in a Coastal Horizons Center, Inc. program, I hereby give permission to the physician, selected by Coastal Horizons Center, Inc. staff, to hospitalize, secure proper treatment for and to take appropriate medical actions necessary for treatment.

Participants Name: _____ Age _____

Participants / Guardians Signature: _____ Date _____

Assumption of Risk and Release of Liability

I, the undersigned, understand that there is an inherent risk of injury. Other inherent risks include, but are not restricted to emotional injury, physical injury, illness, loss and/or damage to property. I hereby waive and release all rights and claims I may have against Coastal Horizons Adventure Learning Center or its employees, agents, operators and instructors for all injuries or damages suffered by me during the program. By signing below I hereby assume responsibility for my actions and release the Coastal Horizons Center, Inc., and its employees, contractual staff, volunteers or intern students from any liability associated with the Adventure Program experience.

I represent that I am above the age of consent (18 years old) or my parent or guardian has executed this release on my behalf.

I have executed this liability release of my own free act on _____ day of _____.

This release is in reference to (Name of Program): _____

Participants Signature: _____ Age: _____

Participants / Guardians Signature: _____ Date: _____

Marketing Release

I willfully give Coastal Horizons and their representatives permission to utilize any pictures or other forms of memorabilia in the marketing of future programs. I DO NOT expect any form of compensation or reward in return. These materials may be used in the development of flyers, memos, letters, press releases, speeches, website promotions or other applicable mediums for marketing.

Participants Name: _____ Age: _____

Participants / Guardians Signature: _____ Date: _____

Participant Information Form

All participants must complete the Participant Information Form. Please print.

Name (Last, First, MI): _____ Birth Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____ Male: _____ Female: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

MEDICAL INFORMATION

Primary Care Physician: _____ Phone: _____

Insurance Carrier & Policy Number

Have you now or ever had any of the following? Check those that apply and explain below.

- Asthma / Respiratory Concerns
- Heart Problems
- Diabetes
- Any active or chronic medical condition
- Hypertension
- Seizures
- Orthopedic Concerns

Other: _____

Please explain items checked above: _____

Do you have any drug allergies?

Yes _____ No _____ Reaction: _____

Are you allergic to insect bites / stings?

Yes _____ No _____ Reaction: _____

Are you currently taking any medication?

Yes _____ No _____ Please list and explain: _____

Have you had any surgery in the last two years?

Yes _____ No _____ Type of Surgery / Restrictions: _____

Are you pregnant?

Yes _____ No _____ Any complications?: _____

Do you have any physical challenges we need to accommodate?

Yes _____ No _____ Please explain: _____

Participants Name: _____ **Age** _____

Participants / Guardians Signature: _____ **Date** _____