

Coastal Horizons Center, Inc. Adventure Programs

Acknowledgement of Risk , Release of Liability, Medical Release, and Marketing Release

This form is to be read and signed by all participants in Coastal Horizon Center's Outdoor Adventure Program

PLEASE READ THIS CAREFULLY. IT AFFECTS CERTAIN RIGHTS YOU/ YOUR CHILD MAY HAVE IF YOU/YOUR CHILD ARE INJURED OR OTHERWISE SUFFER DAMAGES PARTICIPATING IN THE OUTDOOR ADVENTURE PROGRAM.

In return for Coastal Horizons Center (CHC) allowing you/your child to participate in the Outdoor Adventure Program, you agree, and state, on behalf of yourself, your heirs, assigns, executors and others, as follows:

1. That I/my child am/is familiar with and will obey, any and all of the rules established for the Outdoor Adventure activities.
2. That I/my child understand/s and appreciate/s the inherent risks and dangers of participating in Outdoor Adventure activities, initiative games, and challenge course activities. These dangers include but are not limited to the following: climbing or descending an Alpine Tower structure; walking on logs/wires suspended above the ground; exposure to the forces of weather and/or nature; accidents or illnesses occurring on course grounds or off-site locations which could result in property damage and personal injury including broken bones, strains, concussions, sunburn, heat exhaustion, and possibly death. I agree to accept all risks whether present or future, known or unknown, arising from or as a result of my/my child's participating in these activities.
3. That I will hold harmless and indemnify Coastal Horizons Center and its officials, administrators, employees and all sponsors and individuals assisting in presentation of the Outdoor Adventure Program and all owners of the property on which the program is held, for any liability and all claims of damages, demands, and actions whatsoever in any manner resulting from my participation in this program.
4. I/my child will inform the program leader of any medication, ailment, condition, or injury that may affect performance.
5. I agree that Coastal Horizons Center may use photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

CHC may use images CHC may not use images (Please check one)

I STATE THAT I AM OF FULL AGE AND HAVE THE RIGHT TO CONTRACT IN MY OWN/MY CHILD'S NAME. I HAVE READ, UNDERSTAND AND AGREE TO ALL CONDITIONS SET FORTHEHEREIN, AND THAT I SIGN THIS VOLUNTARILY.

Signature _____ Date _____

Full Name Printed _____ Date _____

Parent's/Guardian's Signature _____
(If participant is under 18)

Participant Information Form

All individuals present on the Challenge Course must complete this form.

Please print.

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

Address: _____ Phone: _____

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

Name of Program (i.e. school/organization): _____ Date: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone: _____

PARTICIPANT MEDICAL INFORMATION

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 _____ Please list: _____

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 restrictions?: _____

Do you have any physical challenges we need to accommodate?

Yes _____ No _____ Please explain: _____

Participants Name: _____ **Age** _____

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

Please complete reverse side