

Westminster Woods Challenge Course Program Participation Form

Name (participant): _____

Group Name: _____ Date of Program: _____

Age _____ Gender: Male/Female Height (optional) _____ Weight(optional) _____

Phone # (home) : _____ Phone # (work or cell): _____ Other: _____

Address: _____ City: _____ Zip: _____

SECTION 1: MEDICAL INFORMATION

So that we may properly attend to your needs, please provide the medical information requested in Section 1.

The following information will remain confidential. Pre-existing conditions, injuries, and medical conditions **do not** automatically disqualify an individual from participating in our programs. Please consult with your physician if you have any questions or doubts about your participation in a Challenge Course Program.

Emergency Contact Information

Name: _____ Relationship: _____

Phone (home) : _____ Phone (work) : _____ Other: _____

Medical Insurance Carrier: _____ Policy # _____

Name of Insured: _____ Birth Date: _____

Your Doctor's Name: _____ Phone: _____

For each of the following circle YES and EXPLAIN BELOW if you have any injuries, pre-existing conditions, special conditions or pertinent medical information (e.g., recent surgery, allergies, etc). Otherwise, circle NO.

Do you have any limiting physical disabilities (temporary or permanent)? **Yes No**

Are you currently taking medication? **Yes No**

Do you have any allergies, reactions to medications, any other medical limitations? **Yes No**

History of dizziness or fainting? **Yes No**

History of Heart disease or heart attack? **Yes No**

	YES	NO		YES	NO		YES	NO		YES	NO
Eyes	Y	N	Lungs	Y	N	Internal Organs	Y	N	Thighs	Y	N
Ears	Y	N	Asthma	Y	N	Epilepsy/Seizures	Y	N	Lower Legs	Y	N
Head	Y	N	Heart	Y	N	Illness	Y	N	Ankles	Y	N
Neck	Y	N	Diabetes	Y	N	High Blood Pressure	Y	N	Feet	Y	N
Arms	Y	N	Lower Back	Y	N	Knees	Y	N	Dislocations	Y	N
Wrists	Y	N	Upper Back	Y	N	Pelvis	Y	N	Groin	Y	N
Hands	Y	N							Shoulders	Y	N

EXPLAIN ANY 'YES' ANSWERS HERE:

SECTION 2 : PARTICIPANT RELEASE OF LIABILITY

I RECOGNIZE that there are inherent risks in any sport or activity associated with the outdoors, including Challenge Courses and adventure programs. **I ACKNOWLEDGE** that Westminster Woods and its employees and agents take all reasonable safety precautions in the operation of this adventure program to minimize those risks

I AM AWARE that certain portions of the program are physically demanding, and that I may be asked to walk, run, stretch, climb, push, pull and perform other rigorous and potentially risky or dangerous physical activities. **I AM AWARE** that these risks might result in injuries including but not limited to: abrasions, bruises, strains, sprains, cuts, fractures, paralysis, and even death.

I VOLUNTARILY AGREE to participate in the Program to be conducted on the scheduled date(s) by Westminster Woods and its employees and agents. **I FURTHER AGREE** to obtain a qualified medical opinion if I am over 50 years old, if I doubt my ability to participate or I have a pre-existing condition that may affect my ability to participate. **I AGREE** to participate only to the extent that my medical, physical, emotional or other conditions create no undue risk to myself, other participants or program staff.

I AGREE to assume full responsibility for my actions and their consequences, and for any inconvenience resulting from any circumstance or injury to my person and/or property. **I AGREE** that my personal insurance and any provided or maintained by the above Organization, or by any other person or entity, on my behalf shall supersede and be used before any of the insurance coverage that may be provided by Westminster Woods.

I HEREBY RELEASE, and agree to **INDEMNIFY AND HOLD HARMLESS** Westminster Woods and the officers, directors, shareholders, employees, associates, guides and agents of this organization from any and all liability, claims or demands (except those arising from negligence of the aforementioned parties) that I, my heirs, executors, administrators, assignees, distributees, personal or legal representatives, and all members of my family, may now have or in the future make for any injury, loss, death or damage of any kind resulting from my participation in this Program.

I AGREE that any dispute concerning this Agreement shall be submitted to arbitration in Sonoma County, in accordance with the Rules of the American Arbitration Association then in effect, as a condition precedent to any legal action that may be taken by me or on my behalf to resolve said dispute.

I GIVE PERMISSION for Westminster Woods to use photographs and videos of myself while participating in Westminster Woods Programs, as well as any quotations or statements I provide to promote and advertise for their programs and events.

I HAVE READ, UNDERSTAND AND ACCEPT THE TERMS and conditions stated herein and acknowledge that this Agreement shall be effective and binding upon me hereafter.

PARTICIPANT SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE (If participant under 18): _____ **DATE:** _____

SECTION 3 : AUTHORIZATION TO TREAT A MINOR (under 18)

I (we) the undersigned parent, parents or legal guardians of _____, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or specific supervision of any member of the medical staff or emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the Dental Practice Act and the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort will be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment shall not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions to section 25.8 of the Civil Code of California. This consent shall remain effective through the seventh day following the program date shown on the top of this agreement.

Signed (parent or guardian of above-named minor): _____ **Date:** _____