



COLOMA OUTDOOR DISCOVERY ROPES' CHALLENGE

Participant Release Form

PLEASE PRINT IN INK:

Participant's Name:	Boy / Girl (circle)	D.O.B.:
Organization Name:	Coordinator's Name:	
Home Address:	City:	Zip:
Family Physician:	Physician Phone:	
Insurance Company:	Insurance Co. Policy #:	

PLEASE NOTE:

Because of the rigorous nature of the Challenge Course, only individuals willing to take on "physical challenge" should participate. Individuals with one or more medical restrictions are not recommended to participate. Restrictions include, but are not limited to: heart condition, bypass surgery, back injuries, broken bones, and weight (300+ lbs.) or age limitations (under 8, over 70).

SPECIAL NEEDS: List any health-related conditions, and note frequency/severity. Attach an additional sheet if necessary.

EMERGENCY CONTACTS:

Parent/guardian:	Relation:	Phone 1:	Phone 2:
Parent/guardian:	Relation:	Phone 1:	Phone 2:

If a parent/guardian cannot be contacted in case of emergency, please contact:

Name:	Relation:	Phone 1:	Phone 2:
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RISKS	PREVENTION
Getting hit by a falling object.	Be alert. Look up before walking near or under course. Wear your helmet at all times!
Hair, clothing or jewelry getting caught in pulleys or other parts of the Challenge Course.	Tie long hair back. Remove rings, dangling earrings, watches, etc. and wear proper clothing.
Injuries or discomfort caused by improper use of harness.	Have harnesses checked by two different staff members.
Scrapes, cuts, and/or splinters.	Climb within abilities. Wear proper clothing.
Serious injury and/or death.	Wear proper safety gear. Make sure belayer is ready before you climb.

I, _____ (Parent/Guardian's name if participant is under 18 years of age), have read the above and fully understand the rigorous nature of the Challenge Course experience and the risks associated with it. I also realize that additional risks and/or dangers not outlined above may exist.

(Participant's Name) _____ is in good health, however, in case of a medical or surgical emergency, I hereby authorize the physician selected by the Institute to secure all proper and required treatment for my child. All expenses for treating my child shall be paid for by the parent or guardian. If it is deemed that my son/daughter must be removed from activities for illness or disciplinary reasons, it will be my responsibility to arrange transportation home for him/her.

★ Signature: _____ Date: _____
 (Parent/Guardian if participant is under 18 years of age)

Please complete & return to group coordinator prior to trip.