



CEDAR RIDGE ADVENTURES

Making a Difference...One Adventure at a Time

www.cedarridgeadventures.org

CEDAR RIDGE ADVENTURES CHALLENGE COURSE AND ADVENTURE PROGRAMS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of being permitted to participate in the Cedar Ridge Adventures Challenge Course Program (hereinafter referred to as "program") and activities of the Adventures Department of Cedar Ridge Children's Home and School Inc (hereinafter referred to as "CRA") the undersigned is aware that the program involves a variety of activities including warm-ups, group initiatives, low and high challenge course elements, and other potentially rigorous physical adventure activities and is aware of the physical and emotional risks inherent in the participation in such activities and in the use of CRA equipment and facilities.

Furthermore the undersigned has been advised of the voluntary nature of the program and is aware that they may decline to participate in the program, or in any part of the program, if they so choose.

In further consideration of being permitted to enter CRA property for any purpose including, but not limited to, observation or use of facilities or equipment or participation in any off-site program affiliated with CRA, each of the undersigned hereby agrees to the following:

1. To release, waive, discharge, and hold harmless CRA, its directors, employees, representatives, affiliates, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin from any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or facilities or equipment therein or participating in any program affiliated with CRA.
2. To indemnify and save and hold harmless the releasees from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon, or about the CRA premises or in any way observing or using any facilities or equipment of CRA or participating in any program affiliated with CRA whether caused by the negligence of the releasees or otherwise.
3. To assume full responsibility for any risk of bodily injury, death, or property damage due to negligence of releasees or otherwise while in, upon, or about the premises of CRA and/or while using the premises or facilities or equipment therein or participating in any program affiliated with CRA.
4. To approve and release to CRA the use for any purpose of any photographic or video recorded image of the participant listed below.
5. To give permission for transportation to any medical facility or hospital, and to authorize any qualified instructor or medical personnel to render necessary emergency medical care for the participant listed below.

The undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is unconditional and is intended to be as broad and inclusive as is permitted by the law of the State of Maryland and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I, the undersigned as participant and/or parent or guardian of the named participant, have read and voluntarily sign this release and waiver of liability and indemnity agreement with the intent of affirming and making effective all representations made herein. I further attest that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

PARTICIPANT (print name)

PARTICIPANT SIGNATURE

DATE

PARENT OR LEGAL GUARDIAN MUST SIGN BELOW FOR ANY PARTICIPANT UNDER 18 YEARS OF AGE

PARENT OR GUARDIAN (print name)

PARENT OR GUARDIAN SIGNATURE

DATE



CEDAR RIDGE ADVENTURES PARTICIPANT APPLICATION / DISCLOSURE OF MEDICAL INFORMATION

Disclosure:

Cedar Ridge Adventures' programming involves a variety of activities that include warm-ups, games, group initiative problems, high and low challenge ropes course elements, and other rigorous physical adventure activities. The level of participation in a Cedar Ridge Adventures activity is at all times completely at the participant's discretion. There is a risk, which must be assumed by each participant, that he/she may suffer an emotional or physical injury or disability due to participation in CRA programs.

Cedar Ridge Adventures' policy for participation in all activities requires that the participant's health and accident insurance provide their primary coverage. CRA reserves the right to refuse services to those persons not covered by health and accident insurance and/or to persons who present an unreasonable risk to themselves and/or others through their participation.

Certain health and medical information must be made known to CRA Facilitator/s prior to participation in CRA programs. This information is used exclusively to allow CRA and other medical personnel to provide adequate and appropriate care should the need arise.

This form must be completed and returned to CRA Facilitators prior to participation. *PLEASE PRINT!*

Group: _____ **Program Date:** _____

Name: _____ **Age:** _____ **Phone:** (____) ____ - _____

Address: _____ **Health/Accident Insurance Co. :** _____

City: _____ **State:** _____ **ZIP:** _____

1. Do you have any limiting physical disabilities, handicaps, or chronic back and/or joint conditions (temporary or permanent)? Yes No If yes, please explain:

2. Are you currently taking medication? Yes No If yes, list the type of medication, for what condition it is prescribed, and recommended dosage. The participant must bring adequate amount of medication in waterproof, non-breakable containers.

3. Have you had or do you have asthma, diabetes, thyroid trouble, bleeding problems, epilepsy, or any type of arthritis? Yes No If yes, please explain:

4. Allergies:

Yes No Medications, (ex. penicillin, aspirin, sulfa, etc.) Yes No Insect bites, (ex. bees, wasps, spiders, etc.)

Yes No Foods, (ex. milk, seafood, etc.) Yes No Other substances (ex. dust, ragweed, poison ivy, hard work, etc.)

If yes, please give details, date of last reaction, and any treatment given: _____

5. Do you have any special dietary restrictions? Yes No If so please give details: _____

I have read the enclosed information and understand the physical and stressful nature of Cedar Ridge Adventures. I have noted any medical or physical conditions which might affect my ability to participate in any activity. As a participant, I will at all times wear any required equipment, and follow the directions of the CRA Facilitators and Instructors.

Applicant Signature: _____ **Date** ____/____/____

Parent / Guardian Signature: _____ **Date** ____/____/____

Emergency Contact Phone No. _____

If applicant is under the age of 18, challenge course participation will not be allowed without signature of parent/guardian. This policy is strictly enforced. No Signature = No Participation!