

## Participant Information and Permission Form

DISCLOSURE: CHAPEL ROCK programs involve a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, Adventures in Awareness (a special horse program that includes work in and around horses; working with horses can have inherent risk due to the very nature of horses to be frightened and subject to a flight/fright response), rafting, rock climbing, rappelling, canoeing, orienteering, caving, and other rigorous physical adventure activities. **(The level of participation in a program activity is at all times completely up to the individual.)** All programs are conducted by trained professional staff; yet there is a risk which must be assumed by each participant that he/she may suffer an emotional or physical injury, disability or death. Every participant in CHAPEL ROCK programs is encouraged to have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete this form and return it to CHAPEL ROCK prior to participating in any activities.

### PARTICIPANT INFORMATION:

Dates of Participation \_\_\_\_\_

1. Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Birth date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

2. Person to contact in case of emergency \_\_\_\_\_  
Relationship to participant \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business or Cell Phone \_\_\_\_\_

3. Do you have health/accident insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, name of company and policy number: \_\_\_\_\_

4. Do you have any limiting physical or mental disabilities or medical restrictions (temporary or permanent) that could present a hazard to yourself or others during the duration of this program?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, identify and explain:

5. Are you currently taking medication (prescribed or otherwise; e.g., cold medicine)? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, state what you are taking and for what condition:

6. Do you have any allergies, reactions to medications, any other medical limitations? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, identify and explain:

7. Have there been any recent major life changes? (e.g., Job change, death in family, geographic move, etc.)

**RELEASE OF LIABILITY:** I understand that parts of the CHAPEL ROCK program may be physically or emotionally demanding. I affirm that my health is good, and that I am

not under a physician's care for any undisclosed condition that bears upon my fitness to participate in CHAPEL ROCK activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release CHAPEL ROCK, and its staff members, from all liability for any injury to me from participation in CHAPEL ROCK activities. I understand that these terms shall serve as a release of liability for my heirs, executors, administrators and all members of my family. I have carefully read this Disclosure and Release of Liability and fully understand its content.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PHOTO/MEDIA RELEASE:** I grant to CHAPEL ROCK, and persons acting for or through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PARENTAL WAIVER OF CLAIMS:** Parental permission must be secured for participants who are not of legal age (18 years). If you are not yet classified as a legal adult, your parent(s) or legal guardian(s) must complete the following:

I/we \_\_\_\_\_ (parents' or guardians' name(s)) give permission for my (our) child \_\_\_\_\_ (child's name) to participate in the CHAPEL ROCK program and associated field trip(s). Should my/our child become injured, I/we request that the trip leader or designated Chapel Rock staff secure emergency medical services to aid my/our child, if in their judgment such services are necessary. I/we agree to incur any additional expenses associated with such action. As parents/guardians, I/we have decided (with or without medical advice) that my/our child is physically, mentally, and socially able to participate, and I/we acknowledge that any medical or accident insurance we consider necessary will be my/our responsibility to locate and purchase. Furthermore, I/we have read all sections of this form and do hereby release CHAPEL ROCK and its employees from liability for any damages, injuries, or losses which may occur while said child is participating in this CHAPEL ROCK program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature (if Participant is under age 18)

**PLEASE PRINT THIS ENTIRE DOCUMENT AND FILL OUT AND SIGN**