

Adventure Dynamics Inc. Liability Waiver and Medical Release

Participant Name: _____ Email: _____

Date of birth: _____

Home address: _____

Home phone: _____ Business/Mobile: _____

Where did you hear about Adventure Dynamics? _____

Medical Information: (circle if yes) Does the participant have any of the following:

Allergies Pregnancy Chronic/Recurring illness Surgery or serious injury in the past year Physical conditions that limit activity

If yes, Explain: _____

Health/accident insurance & policy #: _____

Primary care physician: _____ Phone #: _____

Liability Waiver for Adventure Dynamics Inc.

DISCLOSURE: Team-building and Challenge Course,

Adventure Dynamics, Inc. involves a variety of activities that often include warm-ups, games, group initiative problems, low and high challenge course elements and other rigorous physical adventure activities. The level of participation in all programs and activities is at all times completely up to the individual. Yet there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury and disability.

Policy for participation in all Adventure Dynamics, Inc. programs requires that every participant 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 the form and return it to Adventure Dynamics, Inc. prior to participating in any activities.

RELEASE FROM LIABILITY

I, the undersigned, assume and understand that there are inherent risks of bodily injury or damage to property, that accompany my participation in Adventure Dynamics, Inc. activities. By signing below, I acknowledge that I have fully satisfied myself as to the nature of the activity or activities that I will be participating in, the risks associated with each such activity and my responsibility to know my own limits.

I affirm that my health is good and am not under a physicians care for an undisclosed condition that bears upon my fitness to participate in Adventure Dynamics, Inc. activities. I understand that I am free to choose not to participate in any activity offered by Adventure Dynamics, Inc. Having chosen to participate in any activity and accepting full responsibility for my own choices, I hereby release Adventure Dynamics, Inc, it's staff members and any and all other persons employed by Adventure Dynamics, Inc. or participating as instructors or counselors in these activities, from any and all liability for bodily injury, emotional injury, or loss of property.

Signature of Participant: _____ date: _____

Parent or guardian authorization:

I hereby give permission for the above named minor to participate in the Adventure Dynamics Events. This health history is correct so far as I know, & the person herein described has my permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or prescribe the necessary medications for my son or daughter.

Signature of parent/guardian: _____ date: _____