

# **Eighth Grade Outdoor Educational Trip**

## ***Nature Bridge – Olympic National Park***

### **Travel Itinerary**

#### **Monday, October 23, 2017**

Depart: LAX Airport - Students arrive at 6:00am

Alaska Airlines Flight AS0455 - Terminal #6

Look for Mr. Gordon & other RHCDS chaperones.

Do not check-in, we will check-in as a group.

Parents provide transportation to LAX airport.

Maximum of one (1) bag weighing no more than 50 lbs.

No liquids or lotions should be in your carry-on bag.

**Students will need \$25 (each way) for baggage fees.**

***Airlines do not accept cash. Students must have a prepaid debit/credit card***

Depart: Seattle Airport (SEA) for Naturebridge.

Total bus travel time: Approximately 4 hours

Students will stop for lunch somewhere on the road - **Bring \$\$ for lunch.**

#### **Friday, October 27, 2017**

Depart: Naturebridge at 8:15 am.

Arrive: at Adventura Adventure Park at 12:00 pm.

Depart: Adventura Adventure Park at 4:00 pm.

Arrive: at Seattle Airport at 5:00 pm.

Dinner: at the airport - **Bring \$\$ for dinner**

Depart: Seattle Airport at 7:15 pm.

Alaska Airlines Flight AS0464

Arrive: LAX at 10:00 pm.

Terminal #6

**Parents provide transportation from airport.**

**Please verify flight arrival time.**

**Meet group inside baggage claim no more than 20 minutes after landing.**

**Please do not be late!**



## Clothing and Equipment List

This list is for all participants. Please adjust numbers of items based on the number of days staying at NatureBridge. Please arrive dressed for hiking and with your day pack ready!

**\*\*Your comfort increases with the number of clothing layers you have available!!\*\***

### Required for Hiking Day

- ~~Lunch for first program day~~
- Day pack (large enough for water bottle(s), notebook, pencil, rain gear, warm layers, and bandana)
- Water bottle (at least one hard plastic or metal one-liter water bottle)
- Pen or pencil
- Rain gear (rain jacket and rain pants, or poncho)
- Jacket (insulated layer with a hood)
- Warm hat and gloves
- Extra layers (fleece, long-underwear and long-sleeve shirts for colder days)
- Foot gear (sturdy, ankle-supporting, preferably water-resistant hiking shoes or boots)
- Bandana or cloth napkin for an outdoor lunch place mat
- Sunscreen, sunglasses and sun hat
- Rain cover or large plastic bag to keep your day pack dry
- Personal medications (coordinate with teacher)

### Required for Overnight (after 4pm)

- Foot gear (comfortable shoes for free time and back up)
- Warm sleeping bag and pillow
- Base layers (long-sleeve shirt and underwear)
- Shirts (bring extra pairs, recommend long sleeve, synthetic/wool)
- Long pants (loose fitting with room for layer underneath)
- Socks (bring 3 more pairs than the number of days you will be at NatureBridge)
- Underwear
- Pajamas
- Toiletries (soap, shampoo, toothbrush, toothpaste, brush, etc.)
- Bath towel and washcloth
- Sandals to wear in the shower
- Flashlight
- Personal medications (coordinate with teacher)

### Optional

- Money for the NatureBridge store (all proceeds go towards scholarships for other students!!)
- Camera

### Note to Parents and Students:

**Please do not bring**

**Extra food** (food is not allowed in the cabins)

**Electronics**

**Anything that would be sadly missed if lost!**



## REGISTRATION, HEALTH SCREEN, AND PARTICIPANT AGREEMENT

**PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY AND PROVIDE ALL REQUESTED INFORMATION LEGIBLY AND IN INK. BE SURE TO SIGN AND DATE WHERE INDICATED ON THE LAST PAGE. INCOMPLETE AND/OR UNSIGNED FORMS MAY DELAY OR PRECLUDE PARTICIPATION IN THE PROGRAM. PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN FOR MINOR CHILDREN.**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: \_\_\_\_\_

Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Street City State Zip Email Telephone

Participant is a: Minor  Self  Teacher  Parent/Chaperone

Name of Parent(s) or Legal Guardian(s) (if Participant is a minor): (1) \_\_\_\_\_ (2) \_\_\_\_\_

Name of School: \_\_\_\_\_ Name of Head Teacher or Group Contact: \_\_\_\_\_

**EMERGENCY CONTACTS – Parent or Legal Guardian must be provided as first emergency contact**

(1) Name \_\_\_\_\_ Relation \_\_\_\_\_ Email \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

(2) Name \_\_\_\_\_ Relation \_\_\_\_\_ Email \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

**HEALTH INFORMATION - PLEASE FILL OUT COMPLETELY \*DOCTOR SIGNATURE NOT REQUIRED\***

This information will only be used by NatureBridge staff to help support Participant on Program

Does the Participant have, or has the Participant had, any of the following conditions or symptoms? Specify any issues on next page.

Medical Information		12. Hearing problems or ear infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies	
1. Any serious medical illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Vision or other eye problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Food (specify on next page)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Any surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Sleep Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Bees/Wasps/Insects	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Bleeding/Clotting/ Anemia or any other blood disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Bedwetting	<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Medication allergies (specify on next page)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Asthma, wheezing or other lung problem	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Hospitalized overnight in last 5 yrs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	25. Iodine	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	26. Seasonal allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Irregular heart rhythm, heart defect or other heart problem	<input type="checkbox"/> Yes <input type="checkbox"/> No			27. Other allergies (specify on next page)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Kidney problem	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diseases		If Participant Has Allergies	
8. Liver disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	28. Do you carry your own Epi-pen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Mental, emotional or behavioral issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	29. Do you carry your own inhaler?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Seizures or fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Impaired immune system	<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Other Diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If you have answered "yes" to any of the above items, please explain below. Provide corresponding number. (Attach additional pages if necessary.)

Question Number	Explanation
22. Food allergies	
27. Other allergies	

1. Is the Participant taking any medication?  Yes  No
2. Please list all medications Participant is taking and the condition for which each medication has been prescribed.\*\*

Medication	Condition

**\*\*Participant must continue to take all medications during the Program unless otherwise directed by Participant's physician.**

3. Is Participant capable of participating in a 5 mile hike with up to 2,000 feet of elevation gain?  Yes  No
4. Are there any restrictions on Participant's physical activity?  Yes  No

If yes, please describe \_\_\_\_\_

Note: NatureBridge staff may contact Participant/Parent/Legal Guardian with questions regarding any of the above matters in advance of the Program.

Name of Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Policy #/I.D.# \_\_\_\_\_ Subscriber Name \_\_\_\_\_

Additional medical or insurance information attached:  Yes  No

**PARTICIPANT AGREEMENT  
(INCLUDING ASSUMPTION OF RISKS, RELEASE AND INDEMNIFICATION)  
REQUIRED FOR ALL PARTICIPANTS**

PLEASE READ THIS ENTIRE AGREEMENT CAREFULLY. IT AFFECTS THE LEGAL RIGHTS OF PARTICIPANTS AND THEIR FAMILIES IN THE EVENT OF AN INJURY OR OTHER LOSS.

All Participants age 18 and older, including all teachers and chaperones, (referred to as "Adult Participants"), must sign this Participant Agreement. At least one parent or legal guardian (both referred to as "Parent") must sign on behalf of themselves individually as well as on behalf of their minor child or ward (referred to as "Minor Participant"). The term "I" as used in this Participant Agreement refers to the Adult Participant and/or Parent. The term "Program" refers to the NatureBridge program in which a Participant has enrolled.

In consideration of the Program, services, benefits and amenities provided by NatureBridge, a California Non-Profit Public Benefit Corporation, I hereby understand, acknowledge and agree as follows:

**Activities and Risks**

Activities vary from program to program, and may include hiking, stewardship activities (for example, plant removal and trail maintenance), backpacking, skiing, snowshoeing, snorkeling, kayaking, canoeing, and other water craft excursions. Some programs involve travel in NatureBridge vehicles driven by NatureBridge employees. I understand that the Program exposes Participants to a variety of risks and hazards, foreseen and unforeseen, some of which are inherent and cannot be eliminated without fundamentally altering the unique character of the Program. These inherent risks include, but are not limited to, environmental risks and hazards, including rapidly

moving, deep, or cold water; plants; insect stings and bites; snakes, and predators, including large animals; falling and rolling rock; lightning; tree and tree limb fall; and unpredictable forces of nature, including weather that may change to extreme conditions without notice. Possible injuries and illnesses include allergic reactions, including, anaphylaxis; hypothermia; frostbite; high altitude illnesses; sunburn, heatstroke, and dehydration; infectious diseases such as Lyme disease, norovirus, plague or hantavirus; musculoskeletal injuries; and other possible serious conditions or injuries, including death. Emergency evacuation and medical care may be delayed twenty-four (24) hours or more due to the remote locations of some Program activities.

### **Assumption of the Risks**

I understand that the description of the risks involved in NatureBridge activities set forth above is not complete, and that other risks may result in property loss, personal injury, or death. On behalf of myself and my Minor Participant (if applicable), I agree to assume, to the fullest extent permitted by law, all risks of participation in the Program, whether known or unknown, and whether or not such risks are described above. I understand that participation in the Program is entirely voluntary, and I consent to participation with full knowledge of the possible risks of such participation. If the Participant is a minor child, I have discussed the Program activities and risks with them, and confirm that the child wishes to participate in the Program.

### **Release and Indemnification**

I, an Adult Participant or Parent of a Minor Participant, for myself and on behalf of such Minor Participant, agree to release, indemnify, protect, and hold harmless, and promise not to sue, NatureBridge and/or any of its officers, directors, employees, agents, contractors, and insurers (the "Released Parties"), to the maximum extent permitted by law, with respect to any and all claims, demands, damages, attorneys' fees, litigation costs, losses, or liabilities, including, but not limited to, claims for property loss, personal injury and/or wrongful death, which I or my Minor Participant may suffer, arising out of or in any way related to my, or my Minor Participant's, participation in the Program. The claims hereby released and indemnified against include those caused by or arising from the negligence of a Released Party, or any of them.

### **Medical Authorization**

I represent that the medical information I have provided above is current, accurate and complete.

I authorize NatureBridge staff to administer first aid, including, where permitted by applicable law, the administration of epinephrine by auto-injector, as well as the administration of "over the counter" medications, including aspirin, Tylenol, ibuprofen, Benadryl, Neosporin, Imodium, laxatives and similar medications. If my Minor Participant has a known life-threatening allergy, or if I have been advised by a health-care provider that the Minor Participant should be prepared for a possible serious allergic reaction, my Minor Participant has been provided with auto-injectable epinephrine and has been instructed by a physician as to its use; in addition, I have instructed my Minor Participant to have the auto-injectable epinephrine on their person and available at all times during the Program. If my Minor Participant is enrolling in the Program as part of a school or other group, I have also informed the person in charge of the school or other group of this allergy and any applicable physician -prescribed protective measures. I confirm that I have, or my Minor Participant has, the ability to hike up to 5 miles per day with up to a 2,000 feet elevation gain without presenting a risk of harm to myself, my Minor Participant, and/or others. I authorize any adult chaperone or member of NatureBridge staff to obtain medical care for my Minor Participant (or for me, if I am unable to consent), and hereby consent to any X-ray, examination, anesthetic, diagnosis, treatment and/or hospital care that may be recommended by a licensed physician and/or dentist. In the event of minor illnesses or injuries, I understand that NatureBridge will attempt to contact me at the earliest practicable opportunity. In the event of a major illness or injury, I understand that NatureBridge will attempt to contact me before the commencement of any medical treatment, unless my Minor Participant's condition is such that treatment must be commenced immediately before contact with me can be made. If I cannot be reached, this authorization remains in full force and effect.

I agree to assume full financial responsibility for the costs of any early departure, back-country evacuation, and/or medical care or treatment that I or my Minor Participant may receive (including transportation to and from the Program). I understand that NatureBridge reserves the right to refuse participation to any person who NatureBridge determines, in its sole discretion, may present a risk of harm to themselves or others.

**Other Provisions**

I agree that NatureBridge and/or its designees may use, without restriction or compensation, my likeness, and/or that of my Minor Participant, whether in photographs or video, as well as any writing, artwork and/or testimonials created by me or my Minor Participant and submitted to NatureBridge. I agree that once submitted, these materials shall become the property of NatureBridge and may be used for marketing purposes.

I understand that during part of the Program, my Minor Participant will be under the supervision of teachers, chaperones, and other adults who are not NatureBridge employees, and who have not been selected, and are not supervised, by NatureBridge. I understand and agree that NatureBridge is not responsible for the actions of any such individuals.

NatureBridge uses independent contractors for some services, and such independent contractors, and not NatureBridge, are solely responsible for any losses or injuries caused by their acts or omissions.

I understand that this Participant Agreement is intended by NatureBridge to have as broad an effect as the law permits, and that if any part of this Participant Agreement is found to be invalid for any reason, the remainder of the Participant Agreement shall remain valid and fully enforceable.

I agree that if there is a dispute between me or my Minor Participant, on the one hand, and a Released Party, on the other, such dispute will be governed by the substantive laws of the State of California, and that any lawsuit against any of the Released Parties will be filed and maintained in a court of competent jurisdiction in San Francisco County, California.

I have been advised to consult with an attorney of my choosing if I have any questions concerning the provisions and/or translation of this Participant Agreement. I certify that I have carefully read this Participant Agreement, I understand its terms, and am signing it voluntarily. I have had any questions concerning the Program answered to my satisfaction.

I understand that in the event of any dispute or issue regarding any translation of this Participant Agreement, the English version of this Participant Agreement shall control.

**Name of Participant** \_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Parent or Legal Guardian Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
(For Minor Participant)

\_\_\_\_\_  
**Adult Participant Signature (if age 18 or older)** \_\_\_\_\_ **Date** \_\_\_\_\_



## NATUREBRIDGE | OLYMPIC NATIONAL PARK - STUDENT BEHAVIOR CONTRACT

### NatureBridge Agreements

- I agree to respect other participants, their privacy, and their property. I agree to respect the NatureBridge campus and be a steward of Olympic National Park.
- I agree to be on time, prepared (have suitable clothing and equipment), and an active participant in program at NatureBridge in Olympic National Park.
- I agree not to bring or use non-prescription drugs, cigarettes, weapons, and/or alcohol at NatureBridge.
- I agree to stay with my school group and be under the supervision of a chaperone at all times.
- I agree to only enter and use my cabin; and refrain from using other participant cabins and rooms.
- I agree to refrain from exclusive relationships, such as cliques or romantic relationships, while at NatureBridge.
- I agree to not discriminate against people because of their race, culture, religion, language, talents, or special needs.
- I agree to be quiet and respectful in the evening and morning so that everyone can get enough sleep to participate and stay healthy.
- I agree to keep food out of my cabin.
- I agree to look out for the safety of myself and others, and follow all safety directions.

### NatureBridge | ONP - Student Behavior Support System

If a NatureBridge educator, chaperone, or a classroom teacher determines that I am not following the above agreements, the following sequential steps will be taken with reoccurring misbehavior:

- Verbal warning and reminder about NatureBridge agreements.
- Attending school leader is requested to be involved in redirecting behavior discussion.
- A Student - NatureBridge Behavior Contract is drafted and parent/guardian is alerted.
- Removal from program and/or sent home.

I checked the boxes above to indicate my agreement to this behavior contract and to indicate that I understand the steps of NatureBridge Olympic Student Behavior Support System.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ROLLING HILLS COUNTRY DAY SCHOOL  
RELEASE AND WAIVER**

We (hereafter called "Undersigned") have full custody of \_\_\_\_\_  
(hereafter called "Student"), a minor. In consideration for permitting the Student to participate in the

(check one)

- Ocean Institute outdoor education trip from \_\_\_\_\_
- Astro Camp outdoor education trip from **September 20-22, 2017**
- Joshua Tree outdoor education trip from **October 16-20, 2017**
- Catalina Island Marine Institute (CIMI) outdoor education trip from **October 9-13, 2017**
- Olympic Park Institute (OPI) outdoor education trip from **October 23-27, 2017**

(hereafter called "Activity").

The Undersigned voluntarily release, discharge, waiver, relinquish all claims, and covenant not to sue Rolling Hills Country Day School (hereafter called "School"), RHCDS Inc., its directors, officers, agents and employees, from all liability to the Undersigned or the Student and all his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the Undersigned or the Student whether caused by the negligence of the School or otherwise while the Student or the Undersigned are engaged in the above-named Activity.

The Student and the Undersigned hereby assume full responsibility for and risk of bodily injury, death or property damage to the Student and the Undersigned due to negligence of the School, its directors, officers, agents and employees while the Student and the Undersigned are engaged in the above-named Activity.

The Undersigned further expressly agrees that the foregoing Release and Waiver is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The Undersigned has read and voluntarily signs the Release and Waiver of Liability, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_ Student Signature \_\_\_\_\_

**EMERGENCY CONTACTS**

In case of unexpected illness or emergency, it is extremely important for the health and welfare of the student to be able to immediately contact the parents or guardian.

Residence Phone \_\_\_\_\_  
Father's Daytime Phone, Pager, etc. \_\_\_\_\_  
Mother's Daytime Phone, Pager, etc. \_\_\_\_\_  
Name of Friend or Relative \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Name of Friend or Relative \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Name of Friend or Relative \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Please list the name and telephone number of a medical doctor or other health advisor who is located reasonably near the school, and who, by virtue of the parent or guardian's signature below, will have full authority to render any and all necessary emergency medical or surgical aid to the student at the parent's expense.

Health Care Provider's Name \_\_\_\_\_ Phone \_\_\_\_\_

**AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR**

We the Undersigned, parents/guardian of \_\_\_\_\_, a minor, authorize the School as agent(s) for the Undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of her/his best judgment may deem advisable.

This authorization is given pursuant to the provisions Section 6910 of the Family Law Code of California.

We, the Undersigned, authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions Section 6910 of the Family Law Code of California to surrender physical custody of such minor to the above-named agent(s) upon the completion treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until revoked in writing and delivered to said agents(s).

Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

This paper must be completed, signed, and returned to the School in order for the Student to participate in this Activity. Permission by telephone or fax is not acceptable. Thank you.





## Recommended Clothing - Be Prepared!

We climb and play regardless of the weather conditions!

Weather can come in many forms from hot and humid to wet and cold. It is essential that participants come prepared for the weather of the day. Layers are the key to maintaining comfort throughout the adventure. Synthetics and wool variations are ideal. **Please avoid cotton as it does not insulate.**

### **Spring and Summer**

Shorts are fine, but not too short or the harnesses will rub against your skin.

### **All Seasons**

Jacket - Please bring a rain jacket. We operate rain or shine.

Tops - outer layer should protect from rain and wind. Base layer should wick and quick dry.

Bottoms - outer layer should protect from rain and wind. Base layer should wick and quick dry.

Shoes - **Closed toe shoes are required.** Hiking, running, or shoes with thick sole are best.

Gloves - lightweight fingerless gloves are best.

Hat - synthetic or wool for cold weather, cap with brim is fine for sunshine.

Accessories - Camera, water bottle, sunglasses, sunscreen are all recommended.

Book your adventure today by calling 1.866.981.8665.

[www.adventuraplay.com](http://www.adventuraplay.com)

**Adventure is Calling!**

# Adventura, LLC

## Acknowledgement of Risk and Release of Liability

I, the undersigned, in consideration for myself being permitted to use the aerial adventure park facilities and participate in the activities offered thereon by Adventura, LLC ("Adventura"), do hereby expressly acknowledge, accept and agree to the following:

**Risky Activities:** I acknowledge that the activities at Adventura include moving over and along zip lines, cables, platforms, bridges, stairs, ladders, cargo nets and other challenge course elements and devices, at heights of up to 50 feet, and that these and other similar activities pose risks inherent to such activities. These risks include: trips and falls; collisions with other participants and structures; the carelessness, including negligence, of other participants and Adventura staff (including in supervision and fitting and securing of equipment); the failure of equipment and structural aspects of the aerial or challenge course elements and other facilities. I understand that engaging in the activities at Adventura poses a risk of serious physical injury, emotional stress, and/or death.

**Voluntary Participation and Assumption of Risks:** I hereby fully accept the risks involved in participating in the activities and use of Adventura's facilities, whether or not described above, and voluntarily choose to participate (or allow my child or ward to participate). I acknowledge participation in the activities is entirely voluntary, and that any participant may stop at any time for any reason. I understand that each participant will be responsible for making decisions (whether or not specifically asked) on their level of capabilities and comfort performing any activity. I accept that Adventura has not evaluated my physical or mental fitness and is under no obligation to make any such evaluation. I agree to follow all instructions and rules, but acknowledge that following instructions and rules does not eliminate the amount or severity of the risks or hazards of engaging in the activities.

**Release of Liability and Indemnification:** I, on behalf of myself, hereby forever release, discharge, and waive all claims, suits or other demands for damages against Adventura, its employees, managers, officers, contractors and agents, and owners of the premise property (each a "Released Party"), arising from or related to my (or my child or ward's) participation in the activities, presence on Adventura's premises or use of the facilities, including as may be caused by the ordinary (but not gross) negligence of the applicable Released Party. I further agree to hold harmless and indemnify each Released Party from all liabilities, claims, actions, damages, expenses (including attorneys' fees), costs, or losses of any nature, whether arising in contract, tort, or otherwise (including for claims brought by family, arising from or related to my participation in the activities, presence on Adventura's premises or use of the facilities, including as may be caused by the ordinary (but not gross) negligence of the applicable Released Party.

**Good Health and Medical Care:** I affirm that my health is good and that I am not aware of any condition that could bear upon my physical or mental fitness to participate in the activities. I authorize Adventura to administer first aid, or transport, or arrange for my transport, me to a medical facility, at my sole expense. I agree that upon transport to any medical facility the responsibility of Adventura shall be totally fulfilled. The above release and indemnification covers the provision of first aid, medical care or transportation, or arrangement therefor, to a medical facility by a Released Party.

**Media Release:** I consent to the use of my image, likeness and voice as captured in still photographs, and/or audiovisual recordings made solely for promotional purposes of Adventura.

Acknowledged, accepted and agreed on this date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MO DAY YEAR

**X** \_\_\_\_\_  
(participant signature) participant printed name e-mail address