



2011 Medical Information and Liability Release Form

Dear Participant or Parent/Guardian:

Please completely fill out this form and bring it to the first day of the program. Only one form needs to be completed per calendar year. For your convenience we will keep your form on file for upcoming activities.

Please be sure to complete the front side and then read and sign the release on the reverse side.

If you have any questions please call 360-766-7109. Thank you for your cooperation.

General Information:

Participant's Name: _____ Birthdate: ____/____/____ Age: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell/Work Phone: _____ Email: _____

Parent/Guardian's Name: _____

Name and phone number of 2 other people to contact in case of an emergency:

Name: _____ Phone Number: _____ Relation: _____

Name: _____ Phone Number: _____ Relation: _____

Medical Information:

Do you feel physically capable to fully participate in this activity? ____ Yes ____ No

Are you currently taking any medications? ____ Yes ____ No

If yes, what type(s)? _____

Do you have any allergies? ____ Yes ____ No If yes, what type(s)? _____

Do you carry medication for allergic reactions? ____ Yes ____ No If yes, what type? _____

Name of physician: _____ Phone Number: _____

Name of insurance: _____ Policy Number: _____

Person under whom insurance policy is listed: _____

Date of last tetanus shot: _____ (or "current" confirms you've received the shot within the last 10 years)

Other precautions, medical conditions or important information about your/their health that we should be aware of (i.e. contact lenses, motion sickness, special needs, behavioral problems, etc.): _____

If you require accommodations to successfully participate in any of our programs please call 360-766-7109 prior to the program so that we can determine how to best serve your needs. Please note that our van is not wheelchair accessible. Accommodations are most successful when notified as far in advance as possible.

Participant/Parent/Guardian Signature: _____ Date: _____

(Parent/guardian must sign if participant is a minor or an adult whose capacity to provide consent is limited by actual or legally determined incapacity.)



Liability Release Form

I understand that my involvement in any Recreation Without Borders (RWB) program is at my own risk and that participating in programs may be hazardous and/or result in injury. Further I agree that in consideration for permission to participate in this program:

- 1) I assume all risks of injury incurred or suffered by me while at, or participating in, any RWB program.
- 2) I waive, release and agree not to sue RWB, its employees, heirs, agents, executors or administrators or contracted businesses from any and all rights, claims, or losses sustained by me while at, or participating in, this activity. I, the undersigned, acknowledge that I have read this statement in its entirety, and understand and agree to the terms of this waiver and contract.
- 3) If I am signing on behalf of a minor or an adult whose capacity to provide informed consent to participate in activities is limited by actual or legally determined incapacity, I accept full responsibility for all medical expenses and other special and general damages incurred as a result of this person's participation. I also agree, as his/her guardian or responsible adult, to HOLD HARMLESS AND INDEMNIFY Recreation Without Borders, its volunteers, employees and instructors from any and all claims, brought by this person from any and all injuries, and/or damages arising out of participation.
- 4) I also realize that photographs and videos taken during RWB activities may be used for various promotions and future marketing campaigns.

Participant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

(Parent or guardian must sign if participant is a minor or an adult whose capacity to provide consent is limited by actual or legally determined incapacity.)