

## Participant Application / Medical & Liability Release

### Disclosure:

Cedar Ridge Adventures involve a variety of activities that often 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 Adventure activity is at all times completely up to the individual's choice). Yet there is a risk, which must be assumed by each participant, that he/she may suffer an emotional or physical injury of disability.

Cedar Ridge Adventures' policy for participation in all activities requires that the participant's health and accident insurance provide the primary coverage for participants. CRA reserves the right to refuse services to those persons not covered by health and accident insurance.

Certain health/medical information must be made known to the Facilitator/s conducting the programs so that they are prepared to respond appropriately if the need arises.

Please complete this form and return to CRA prior to participating on the course. *PLEASE PRINT!*

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 so, 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 so, please provide details and present condition: \_\_\_\_\_

### 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.

Permission is granted by those signed below for any emergency medical care, anesthesia and/or operation which might become necessary.

Permission is also granted to Cedar Ridge Adventures to use audio and/or visual recordings for promotional purposes.

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!**