

ACTIVITY RELEASE, WAIVER, & CONSENT

PARTICIPANT'S NAME: _____ **Date:** _____

EMERGENCY CONTACT: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

PARTICIPANT'S HEALTH INFORMATION:

Emotional Conditions/Medical Problems: _____

Allergies/Contraindications: _____

Tetanus (date of last injection): _____

Present Ongoing Medical Treatment/Medications: _____

Family Physician: _____ **Phone:** _____

DOES THIS PARTICIPANT KNOW HOW TO SWIM? Yes ___ No ___

List any limitations we should know about: _____

I am choosing to participate in an adventure-based activity sponsored by Susan B. LaFreniere, LMSW, ACSW, CDP.

In the event that a medical clearance must be obtained prior to my participation in any physical activity, I agree to consult my physician and obtain written permission prior to participating. I understand that I am responsible for monitoring my own condition throughout the activity and should any unusual symptoms occur, I will cease my participation and inform the activity leader immediately. If applicable to my medical condition, I understand that it is my responsibility to carry an EpiPen during all activities.

In the event of a serious or life-threatening injury, it is understood that Susan B. LaFreniere and her staff will use all reasonable efforts to notify my emergency contact. In the event that my emergency contact is not immediately reachable and I am unable to speak for myself, I hereby authorize an appropriate adult staff member, designated by Susan B. LaFreniere, to engage qualified medical personnel to initiate necessary medical treatment. I hereby give permission to any such physician or other medical personnel to provide medically appropriate treatment for any type of injury.

I understand and agree that I am responsible for all medical care expenses incurred from injuries including, without limitation, physician, hospital, lab, drug, and device expenses.

I agree that should I choose to participate in any and all programs and activities including the use of adventure based equipment and/or motorized vehicles sponsored or provided by Susan B. LaFreniere, ACSW, CGP, do hereby waive, release, absolve, forever discharge, and agree to hold harmless the organizers, supervisors, participants, and persons involved in the operation, organization, sponsorship, supervision, or participation of these activities and programs, including without limitation Susan B. LaFreniere, her designated staff, agents, contractors, and subcontractors, for, from, and against any claim or cause of action of any nature whatsoever that may be available, arising out of any injury, accident, or illness, arising in any way out of or in connection with participation in such programs and activities.

Participant Printed Name/Signature: _____ **Date:** _____

Parent/Guardian Printed Name/Signature: _____ **Date:** _____