

PLEASE COMPLETE THIS FORM IN BLUE OR BLACK INK ONLY

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of **Outdoor Outreach**, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "OO"), I hereby agree to release, indemnify, and discharge OO, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

I acknowledge that my participation in hiking, walking, biking, rock climbing, skiing and/or snowboarding, paddle boarding, swimming, surfing, snorkeling and other adventure based activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **The risks include, among other things:** Slips and falls; accidents involving other bicycles or vehicles; collision with fixed or movable objects; injuries or accidents involving contact with the bicycle; falls from the bicycle; the negligence of other operators of motor vehicles or myself; cuts, bruises, abrasions, and concussions; the use of climbing ropes and equipment; rope burns; weather conditions; falling objects; water hazards; falling into the water, and accidental drowning; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, aggressive and/or poisonous marine life and hazardous plant life; equipment failure; and improper lifting or carrying; hidden obstacles by snow including crevasses, ice and snow cornices, tree wells, tree stumps, creeks rocks and boulders, below the snow surface; loss or damage to equipment being used; being lost or separated from their guides or companions by traveling in forested areas, rugged terrain, or bad weather; exposure to altitude and cold including hypothermia, frostbite, acute mountain sickness, exhaustion, cerebral and pulmonary edema; my own physical condition, and the physical exertion associated with this activity; the condition of roads, terrain, or highways and accidents connected with their use. Communication in this mountain terrain is always difficult and in the event of an accident, rescue and medical treatment may not be immediately available.

Furthermore, OO employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

1. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
2. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless OO from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of OO 's equipment or facilities, **including any such claims which allege negligent acts or omissions of OO.**
3. Should OO or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
5. In the event that I file a lawsuit against OO, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against OO on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Participant's Printed Name:	Participant's Signature:
Participant's Address:	Today's Date:

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of **Participant's Printed Name:** _____ being permitted by OO to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless OO from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent/Guardian Printed Name:	Parent/Guardian Signature:
Parent/Guardian Address:	Today's Date:

PARENT'S OR GUARDIAN'S AUTHORIZATION FOR TREATMENT (Must be completed for participants under the age of 18)

Authorization for Treatment: I hereby give permission to the medical personnel selected by OO staff to order x-rays, routine tests, treatment and provide necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the OO staff to secure and administer treatment, including hospitalization, for my child as named above.

Parent/Guardian Printed Name:	Parent/Guardian Signature:
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Outdoor Outreach Participant Registration Form

Please complete the forms below. They are required for participation in Outdoor Outreach programs. This information is strictly for the use of Outdoor Outreach (admin and trip leaders) and emergency personnel. The info you provide is strictly confidential and will not be released without your knowledge and consent. Please fill out all forms completely. If completing a paper copy please use Blue or Black ink only.

Photo and Video Consent/Release

From time to time we would like to share some of the moments we have captured from our events on the Outdoor Outreach website, our newsletter or with the larger community.

Initial: _____	YES , I give permission to OO to use photographs or video clips of me (participant 18 or older) and/or my child(ren) in its promotional materials. This may include distributing photos to newspapers and other media, publishing photos in the organization's printed literature and advertising, and posting photos on the organization's website.
Initial: _____	NO , I do NOT give permission to the Outdoor Outreach to use photographs or video clips of me (participant 18 or older) and/or my child(ren) in its promotional materials.

Participant General Information

Participant First Name:	Participant's School/Program:	Today's Date:
Participant Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	DOB: ___/___/___
Ethnicity: <i>We want to make sure that all members of our community, regardless of race and/or ethnicity are recognized and supported by our services. Please share information so we can track who our services are reaching.</i> <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Multiracial <input type="checkbox"/> Other (please specify _____)		
Participant Phone (if 13 or older):	Participant Email (if 13 or older):	

Parent/Guardian Information

Parent/Legal Guardian Name:	Contact Phone:
Parent/Legal Guardian Email:	Alternate Phone:

Military Status (for Outdoor Outreach Military Initiative Programs)

Did one or more Parent(s)/Guardian(s) serve in the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify current status <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> Retired <input type="checkbox"/> Veteran
Branch of Service*: <input type="checkbox"/> Air Force <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy

Outdoor Outreach Participant Medical Questionnaire

To be completed by the applicant or their parent/guardian if under 18

This medical record provides us with information for trip safety and emergency situations. By requesting this medical history, we do not imply that we have the expertise to assess your physical condition, or your ability to participate safely in Outdoor Outreach events. *This determination of ability to participate must be made by you, the participant, in concert with your physician.*

Participant Emergency Contact Information

#1 Emergency Contact (parent/guardian if under 18)	
First Name:	Best Phone Number:
Last Name:	Alternate Phone:
Relationship:	Emergency Contact Email:
#2 Emergency Contact	
First Name:	Best Phone Number:
Last Name:	Alternate Phone:
Relationship:	Emergency Contact Email:

Medical Insurance Information (if available, not required to participate)

Each participant is responsible for medical expenses resulting from treatment of any illness or accident during a program.

Insurance Company:	Insurance Phone:	Policy Number:
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Participant Personal Information

Height, weight and sizing information is used to inform our staff of the gear sizes needed to accommodate each participant.

First Name:	Height: _____ ft. _____ ins.	Shoe Size: Men's: _____ or Women's: _____
Last Name:	Weight: _____ lbs.	T-Shirt Size (Adult Unisex): _____
Do you wear glasses or contacts? <input type="checkbox"/> Contacts <input type="checkbox"/> Glasses <input type="checkbox"/> None	Are you hearing impaired? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please describe):</i>	

Participant General Health

Do you have any dietary needs or restrictions (vegan, lactose intolerant, gluten free, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, describe):</i>
Swimming Ability <i>(check one)</i> : <input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Cannot swim more than 100 yards <input type="checkbox"/> Moderate Swimmer <input type="checkbox"/> Strong Swimmer
Do you foresee any challenges or physical disabilities that would limit you from participating in Outdoor Outreach recreation programs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please explain):</i>

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Conditions and Symptoms

Do you have any medical conditions that we should be aware of (such as heart conditions, high blood pressure, seizures, bleeding disorders, lung conditions, chronic pain, diabetes, broken bones, eyes etc) Yes No

Condition	Description/Activity Restrictions	Date of Last Occurrence	Treatment (if applicable)

Allergies

Have you had an allergic reaction to bee stings? Yes No

If yes, please describe the date of last occurrence, the reaction and the treatment:

Have you had an allergic reaction to foods? Yes No

If yes, please describe the foods, the reaction, the date of last occurrence, and the treatment:

Have you ever been prescribed epinephrine? Yes No

If you are currently prescribed epinephrine we **require that you bring your medication with you on all programs.**

Do you have any other allergies that we should be aware of (i.e. medications, environmental, etc.)? Yes No

If yes, please describe the allergy (or allergies), the date of last occurrence, the reaction & the treatment:

Medications

Have you ever been prescribed an asthma inhaler or other asthma medications? Yes No

Are you currently taking any medications (including psychiatric, over-the-counter, and inhalers)? Yes No

Please describe any current prescription and/or non-prescription medications (excluding birth control medications):

	Medication Name	Dosage	Condition Med is Treating	Side Effects (if applicable)
Med 1				
Med 2				
Med 3				

Hospitalizations/Emergencies/Urgent Care

Have you been admitted to the hospital, emergency dept., or urgent care for a medical emergency within the past two years?

Yes No *(If yes, please explain the reason, treatment(s), and date(s)):*