Participant Agreement

I, as a participant/parent of a participant in a program or outing at the Outdoor Learning Center at Horizons, understand that the Outdoor Learning Center at Horizons has taken reasonable steps to ensure that all aspects of the program (including but not limited to caving, hayrides, challenge course including high and low experience, horseback riding, rock climbing, hiking, mountain biking, canoeing and tubing) are conducted in a safe manor.

I/we further understand and accept that certain risks in the program activities and in the natural setting of the Outdoor Learning Center at Horizons cannot be eliminated without destroying the unique character of the program. These risks include but are not limited to the possibility of slips, falls, pinches, scrapes, twists and jolts that could result in bruises, sprains, lacerations and fractures. During participation in the program, a participant may also come in contact with plants or insects that could create hazards such as allergies. I, as a program participant or parent or guardian of a program participant, understand that the above description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death, and I/we certify that the program participant is capable of participating in this program; therefore, I/we agree to assume full responsibility for any bodily injury that may result from the inherent risks and for my/my child's own negligence, if any, while participating in the program. I also hereby authorize the Outdoor Learning Center at Horizons to utilize any photo/video or any other media containing images/sounds of myself/my child for promotional or other use.

I/we have read, understood, and accepted the terms of the agreement and have completed the medical and special needs information of this section (below) to the best of my knowledge. I/we acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative(s), estate, and for all members of my family.

✓ _____ _____

Signature of Participant **Date** **Print Name**

Please complete if participant is a minor.

The undersigned does hereby appoint the Outdoor Learning Center at Horizons and its employees and agents as our agent (standing in loco parentis) to make health care decisions on behalf of Participant during the period that our child is participating in activities sponsored by the Outdoor Learning Center at Horizons. We acknowledge that the Outdoor Learning Center at Horizons and its employees and agents shall not be liable for the costs of medical treatment given pursuant to this authorization.

X _____ _____

Signature of Parent (s) or Guardian **Date** **Print Name**

MEDICAL INFORMATION

The following medical and special needs information is needed to enable the program staff to be sensitive to participant needs and to modify program elements where appropriate. PLEASE PRINT RESPONSES.

Participant Name: _____ (Parent) Phone # _____

Emergency Contact: _____ Contact Phone # _____

Please list any physical limitations including allergies (to what, reaction and medical attention required); disabilities; medical restrictions; recent illnesses, injury, or operations; ongoing health conditions (heart trouble, high or low blood pressure, diabetes, epilepsy, etc.); and special needs the program staff may need to know about the participant:

Primary Care Physician:_____ Number: _____