



LIABILITY RELEASE FORM

For permission to participate in a Challenge Course Program at the Cispus Learning Center (“Cispus”), I, my heirs, assigns, or other successors in interest, do hereby release and forever discharge Cispus, its officers, agents, and employees from any and all liability, claims, demands, damages, actions and causes of action of any nature whatsoever arising out of or related to any loss, damage, or injury, including death, that I or my property may sustain while participating in a Cispus Program, or while on the campus, including if such loss, injury, or damage is due to the negligence of Cispus and its employees.

Acknowledgement of Risk: I AM FULLY AWARE AND UNDERSTAND THAT A CHALLENGE COURSE PROGRAM AT CISPUS LEARNING CENTER (“CISPUS”) INVOLVES A DEGREE OF PHYSICAL ACTIVITY AND COMES WITH INHERENT RISKS OF INJURY TO PERSONS AND PROPERTY, regardless of safety precautions provided by Cispus to reduce such risks. A program at Cispus utilizes a variety of activities that often include warm-ups, games, group initiatives, low and high course elements, climbing challenges, and other rigorous physical activities. The low and high courses themselves are a series of cables, ropes, obstacles, and/or wooden boards stretched between or attached to trees or other support systems, which provide different challenges for participants at varying heights. Many of these activities require the use of props such as logs, wooden boards, ropes and blocks. Risks of such activities can include, but are not limited to, muscle, bone, and joint injuries, animal bites or stings, difficulty breathing, fatigue, dizziness, cuts or abrasions, emotional injury, head injuries, neck injuries, spinal injuries, paralysis and/or death.

I VOLUNTARILY AGREE TO ENGAGE IN THESE ACTIVITIES BY ATTENDING THE PROGRAM. I understand that the degree and extent of my participation in each activity remains my choice and that it is my responsibility to inform Cispus staff members of any changes in my participation.

I VOLUNTARILY AND KNOWINGLY ASSUME ANY AND ALL INHERENT RISKS OF PARTICIPATION, both known and unknown. I assume full responsibility for my participation with full knowledge that the activities may be hazardous to my person and/or property. In the event that I observe any unusual or significant hazards during my time attending the program, I will immediately notify the nearest Cispus Staff Member and remove myself from the situation.

Release from Liability: I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL COSTS ASSOCIATED WITH LOSS OR DAMAGE TO PROPERTY OR PERSONAL INJURY, INCLUDING DEATH that I may sustain as a result of participating in this program.

I VOLUNTARILY AGREE TO RELEASE CISPUS LEARNING CENTER AND ITS OFFICERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL LIABILITY, claims, demands, damages, actions and causes of action of any nature whatsoever arising out of or related to any loss, damage, or injury, including death, that I or my property may sustain while participating in a Cispus Program, or while on the campus. Furthermore, in the event Cispus, or any of its officers, agents, or employees, are required to incur attorney’s fees to enforce this agreement, I agree to indemnify Cispus and/or its employees for all such fees and costs.

Health and Insurance: I CERTIFY THAT I AM SUFFICIENTLY HEALTHY ENOUGH TO PARTICIPATE IN THE PROGRAM. I further certify that I have and will continue to inform Cispus of any changes in my health condition that could limit participation in activities or increase my risk of injury. In the event of injury, I hereby authorize Cispus and its employees to seek and/or provide reasonable medical attention for myself in accordance with Cispus’s policies and procedures.



MEDICAL INFORMATION AND HISTORY

General Information (Please Print)

Name of School, Group, or Organization: _____

Name of Participant: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Gender: _____ Age: _____ Date of Birth(MM/DD/YYYY): _____

Medical and Insurance Provider Information (Optional)

Name of Primary Physician: _____ Phone: _____

Is Participant covered by any hospitalization, health, or medical insurance? Circle: Yes No

Company/Carrier and Policy Number: _____

Medical History

List any physical/health conditions of Participant (temporary or chronic):

List all medication Participant is currently taking:

List all known allergies (food, insect, medication, etc.):

Conditions of Concern (please check any conditions that apply to participant)

- Asthma *If yes, will participant have an inhaler with them?* Circle: Yes No
- Epilepsy and Seizures
- Learning, Emotional or Behavioral Conditions
- Diabetes
- Back, Neck or Knee Problems
- Family History of Heart Attack, Disease, High Blood Pressure or other Cardiac Conditions
- Pregnant
- Any impairment of Sight, Hearing or Speech
- Any other condition or limitation Cispus Staff should be aware of

If you checked any of the above, please provide details as necessary:



ACKNOWLEDGEMENT AND SIGNATURES

I HAVE CAREFULLY READ, CLEARLY UNDERSTOOD, AND ACCEPTED THE TERMS AND CONDITIONS STATED HEREIN and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representatives, and estate and for all members of my family. I further certify that all the information provided to Cispus is current, accurate, and truthful to the best of my knowledge.

PARTICIPANT SIGNATURE

Participant Name (Please Print): _____

Participant Signature: _____

Date(MM/DD/YYYY): _____

PARENT/GUARDIAN SIGNATURE, if Participant is under 18 years of age

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date(MM/DD/YYYY): _____



PERSONAL RELEASE

I hereby grant permission to the Cispus Learning Center (Cispus) and its assigns and licensees to take photographs or videos of myself, including audio recordings of my voice. I give Cispus permission to use these images, videos, and recordings, as well as my likeness and voice, as follows:

- Use may include reproduction, distribution, derivative works, display, and performance.
- Use may be in composite or modified forms and in any media type, now known or later developed, including but not limited to newspapers, television, radio, the World Wide Web, and social media platforms.
- Use may be for any purpose throughout the world and in perpetuity, including, but not limited to, education, trade, advertising, and promotion.

I further acknowledge that I will not be compensated for these uses, and that Cispus exclusively owns all rights to the images, videos, and recordings, and to any derivative works created from them. I waive the right to inspect or approve of the uses of any printed or electronic copy. I hereby release Cispus and its assigns and licensees from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright. This Release is binding on me, my heirs, assigns, and estate. Cispus is not obligated to use any of the rights granted under this Release. **This Release expresses the complete understanding of the parties.**

PARTICIPANT SIGNATURE

Participant Name (Please Print): _____

Participant Signature: _____

Date(MM/DD/YYYY): _____

PARENT/GUARDIAN SIGNATURE, if Participant is under 18 years of age

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date(MM/DD/YYYY): _____