

Participant & Emergency Contact Info

. Adventure activities can be physically demanding and may include running, jumping, being lifted, and lifting or spotting others. The workshops can be mentally, socially, and emotionally challenging as well. The OA educational philosophy is "Challenge By Choice," which means that we believe optimum benefit and learning occur when the challenges are freely chosen by the participants. Your OA facilitators will make every reasonable effort to teach the associated skills and safety procedures which help to create a supportive environment in which accepting challenges is encouraged. Your responsibility is to make appropriate choices regarding your participation in the activities, based on your understanding of the benefits to be gained, risks involved, and your personal health.

Please prepare for your day by bringing: closed toed athletic shoes (not sandals), a water bottle, layers of clothing that are loose fitting and may well get dirty, a snack, sunscreen, a hat, a small bag or pack to keep items in...consider a camera!

Name of Participant: _____ **Program Date(s):** _____

The purpose of providing the following important information is to help us in the case of an emergency. Also below List anything which may help us in case an illness or injury should occur. The information that you provide will be shared only as necessary to help you .

Emergency Contact Name: _____ Phone: (____) ____ - _____

Relationship: _____ Other Phone: (____) ____ - _____

Alternate Emergency Contact Name: _____ Phone: (____) ____ - _____

Relationship: _____ Other Phone: (____) ____ - _____

If you have a history of illness or physical challenge, for example –asthma, diabetes, epilepsy, heart conditions, pregnancy, previous injuries, allergies or are taking any medications that might affect your participation, **please:**

1. Consider consulting with medical professionals about your participation before the program.
2. Take care of yourself with whatever you usually do when doing physical activity, whether that means extra food, water and medical remedies such as inhalers, epi pens or medications or braces.
- 3 Talk to our staff **before** the program begins about your concerns, and let us know if there is anything you want us to do to help during the program or if something occurs.

Notes you want us to know:

IF THERE IS ANYTHING YOU ARE NOT COMFORTABLE WRITING DOWN, PLEASE MAKE SURE YOU COMMUNICATE THIS TO THE OA LEADER PRIOR TO THE START OF YOUR PROGRAM.

Participant's name: _____
Please Print

UNIVERSITY OF CALIFORNIA,

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in

hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor Date Signature of Participant Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date Signature of Participant Date