

VERONA

Township of Verona, New Jersey



Participant Health Information Form and Release of Liability

Disclosure:

The Verona Ropes & Challenge Course's programs involve a variety of activities that often include warm-ups, games, group initiative problem solving, high and low ropes course elements and other rigorous physical adventure activities. The level of participation in one of our programs is at all times completely up to the individual's choice. Yet, there is risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury and disability.

Policy for participation in all Verona Ropes & Challenge Course programs requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it to The Verona Ropes & Challenge Course coordinator prior to participating in any activities.

Group _____ **Date(s) of Workshop** _____

This form is valid for one year from the date above.

It is the participant's responsibility to report any changes to the ropes course facilitators

Applicant Information:

1. Name: _____ D.O.B. _____

2. Do you have health/accident insurance? ___no ___yes If yes, name and address of

company _____

3. Do you have any limiting physical disabilities or handicaps (temporary or permanent)? ___no ___yes

If yes, identify and explain: _____

4. Are you currently taking medication (prescribed or otherwise, ex. cold medicine)? ___no ___yes

If yes, state what you are taking and what condition it is for: _____

5. Do you have any allergies, reactions to medications, any other medical limitations? ___no ___yes

If yes, identify and explain _____

Release of Liability:

I understand that parts of The Verona Ropes & Challenge Course program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in The Verona Ropes & Challenge Course activities. I recognize the inherent risk of injury or disability in The Verona Ropes & Challenge Course activities. I release The Verona Ropes & Challenge Course and its staff members, the Verona Municipal Alliance and the Township of Verona, from all liability for any injury to me from participation in The Verona Ropes & Challenge Course activities.

Date: _____ Participant's Signature: _____ Home Telephone #: _____

Participant's Address: _____

Business #: _____ Emergency Contact and #: _____

Parent/Guardian's Signature (if under 18 yrs. old) _____