



**ACTIVITY
PARTICIPATION
AGREEMENT**

ACTIVITY DESCRIPTION

ACTIVITY: Off Campus Adventure Days
WHERE: Locations announced 1 week prior (kayaking, hiking, tubing, BBQs etc)
WHEN: Every Wednesday During June and July!

RELEASE OF LIABILITY

NAME OF PARTICIPANT: _____ AGE: _____

NAME OF PARENTS/GUARDIANS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

ADDRESS: _____

In the event of an emergency, if the above people are not available, please contact:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

INSURANCE COMPANY: _____ POLICY# _____

NAME OF INSURED: _____ GROUP#: _____

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/ guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by One- Eighty Programs or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Signature of Participant _____ Date _____

HEALTH SCREENING & MEDICAL RELEASE

Please list any known allergies:

Please list any medications being taken and instructions:

Understanding that backcountry activities are inherently physically demanding and places many new challenges on novice backpackers, please list any known physiological, medical, or psychological conditions that our adventure guides need to be made aware of:

Please have an Adventures guide contact me so I can share more about the above.

In the case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give One-Eighty Programs and anyone acting for One-Eighty Programs permission to act in my behalf in seeking emergency treatment for my child. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care should it become necessary. This authorization is given pursuant to the provisions of Section 25.8 or the Civil code of California.

I absolve One-Eighty Programs and any other parties' action for One-Eighty Programs from liability in acting on my behalf in this regard.

Should it be necessary for my child/student to return home from this activity due to medical reasons or disciplinary actions the undersigned shall assume all transportation expenses.

Signature of Parent/Guardian _____ **Date** _____