Acknowledgment of Safety & Limited Release of Liability

Experiential-based learning programs are exciting. These programs can involve a wide range of activities and have the potential to be both physically and mentally demanding. Some are very physical, some focus on communication, some challenge you to solve a problem and other involve our high and low Ropes Course elements. TrainingPath LLC staff leads all activities. They have been trained to facilitate group activities in this environment. They have specific training and expertise on Adventure Activities and Ropes Courses.

Your level of participation in any of our experiential-based learning programs is, at all times, dependent on your choice. Your responsibility is to participate in ways that are safe for you. While it is the aim and responsibility of the facilitator to provide you with an enjoyable and safe experience, you too must realize that there is a degree of emotional and physical risk associated with this environment. You will receive instruction in safety techniques related to all elements and activities. You will be guided throughout the program.

We provide properly maintained equipment and qualified facilitators. However, as the risk of physical injury is continually present in our lives, so it is in this learning environment. It is impossible to enjoy the many benefits of this educational environment and guarantee absolute safety. Consequently, you must agree to assume a shared responsibility for your safety along with the facilitator and other group members. Further, you will be asked to contribute to the safe environment of your fellow participants and to assist the facilitator in safe practices. Please remember that the process of creating a safe environment while you are participating in our program includes aspects of both physical as well as emotional safety.

Please confirm with your signature that you have read this information and understand your responsibility as a participant. You assume this shared responsibility for your safety incidental to adventure programming. Additionally, you agree to follow instructions and directions given by your facilitators, act prudently, and use good judgement.

I the undersigned am aware of my past and present health and fitness in relationship to strenuous activity. I fully understand the rigorous nature of the Ropes Course Experience. In the event of an accident or emergency that renders me unable to communicate, I grant my permission for any medical care, operations and/or anesthesia might it become necessary.

RELEASE OF LIABILITY:
I understand that parts of the Ropes 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 TrainingPath’s activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release The Warren Conference Center & Inn, TrainingPath LLC, and staff members, from all liability for any injury to me from participation in Team Development activities.

Your Name (please print clearly): _________________________________

Your Signature: ___________________________________________ Date: __________________________

Date: ___________ Relationship: ________________________________

*Your participation is contingent upon a thorough completion of the medical form on the reverse of this document. Please indicate any physical conditions, temporary or permanent, which may limit your safe participation in these activities. This information is strictly confidential and will only be used to ensure the safety of participants.
Confidential Medical Information
You must fill out this form completely in order to participate in any experiential activities.

Name ______________________________                     Emergency Contact Information:

F☐  M☐

Address_____________________________ Name ______________________________
____________________________________________________________________________

Telephone (H)__________________________ Relationship __________________________
Telephone (H)________________________ (W)________________________
(W)________________________ (cellular/pager)________________________

Physician____________________________ Insurance Company_____________________
Physician Phone #_____________________
Telephone____________________________

If yes is checked, please explain below including symptoms and restrictions.

Yes  No
☐ ☐  Pregnant
☐ ☐  Medical equipment
☐ ☐  Seizure within past year
☐ ☐  Hospitalization within past year
☐ ☐  Emergency room visits within past year
☐ ☐  Bone or joint problems
☐ ☐  Heart attack, by-pass/angioplasty, or angina (if yes, please list date)
☐ ☐  Other cardiac conditions (please explain)
☐ ☐  Other conditions/issues (please explain)
☐ ☐  Allergies
☐ ☐  Medications

Symptoms, Restrictions and Relevant details:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Signature__________________________________________Date_____________________________

7/15/2011