



CONFIDENTIAL
Participant Information Form, Assumption of Risks, and Agreements of Release and Indemnity

To All Participants in the High 5 Program: WELCOME TO HIGH 5! Please read this document carefully. It contains important information about your High 5 experience and may affect your legal rights in the event of an injury or some other loss.

High 5 programs are designed for those in reasonably good health and incorporate a variety of activities, including games and initiatives and more strenuous low and high challenge course elements, which may be conducted on the ground or at heights of up to fifty feet, indoors and out, and which may involve close personal contact with other persons. Each participant may choose the level of his or her participation. While minimizing risks is a high priority at High 5, participants must understand that there are risks of physical or emotional injury, and must assume those risks. Participants must follow the instructions of the High 5 staff. Risks of High 5 activities include falls, sprains, abrasions and other physical and emotional trauma and in extreme cases even death. Injuries and other losses can result from, among other causes, strenuous activity including the possibility of falling into or onto fixed and other structures and other participants or staff members. Injuries and other losses may be caused also by the carelessness of other participants and staff. High 5 recommends that participants be covered by health and accident insurance during the time of their participation.

Please complete the following questionnaire prior to your participation. This information will be used to inform staff of any pre-existing medical condition and determine if consultation with your physician seems prudent prior to your participation.

Part I – General History

Name: _____ Date of Birth: _____ Gender: _____

Address: _____

Email: _____

Name of Insurance Carrier: _____

Part II – Medical Information

Do you have any disabilities (temporary or permanent) that you or your doctor feel would limit your participation in High 5's programs? Yes No If you answered Yes, please explain.

Please list any medications you are currently taking and the conditions they are treating.

Do you have allergies? Yes No Reactions to medications? Yes No

Other medical limitations? Yes No If you answered Yes to any part of this question, please explain:



Part III – Medical History

Have you had surgery in the past year for any conditions that might limit your participation? Yes No

Are you under follow-up surgical care? Yes No If you answered Yes to any part of this question, please explain:

Do you currently have, or have you a history of any of the following?

- Chest Pain Yes No High Blood Pressure Yes No
Heart Attack Yes No Heart Disease Yes No
Heart Murmur Yes No Heart Palpitations Yes No
Stroke Yes No Seizures Yes No

When you exert yourself, do you experience symptoms of any of the above? Yes No

If you answered Yes to any part of the last question, please provide details.

If you answered Yes to any part of the Medical History questions above, High 5 strongly recommends that you see a physician before participation.

Additional Information

Do you have diabetes? Yes No

If you answered Yes, are you dependent on insulin? Yes No

Is there a history of heart disease in your family? Yes No If you answered yes, please elaborate:

Do you smoke? Yes No Are you a former smoker? Yes No

If you answered Yes, when did you stop? _____

How often do you exercise? No regular exercise 1-2 times/week 3+ times/week

If you have a number of the following cardiac risk factors, High 5 strongly recommends that you consult your physician before participation: lead a sedentary lifestyle, smoke, are overweight, have diabetes, are 45 years of age or have a family history of heart disease, If you or your physician would like more information regarding the activities included in your program, please contact High 5.

I have consulted my physician: Yes No

My physician advises me that I may participate fully.

My physician has advised me to avoid certain activities.

My physician advised me not to participate.

If your physician has limited or disapproved your participation, please provide further details:



In the event of injury or illness, please contact:

Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

I understand that failure to answer this questionnaire in a full and comprehensive manner could affect my own safety and the safety of others. I affirm that the information herein is accurate and complete and I accept full responsibility for any loss I suffer arising out of my failure to fully disclose, in this form or otherwise prior to my activity, a pre-existing medical condition.

Part IV – Assumption of Risks, and Agreements of Release and Indemnity

In consideration of the services of High 5 in offering these activities, I agree as follows:

Assumption of Risks: I acknowledge that I understand the activities in which I will be participating, and their risks. I understand that the risks are inherent in the activities – that is they cannot be eliminated without changing the nature and value of the experience. I voluntarily assume all such risks, inherent and otherwise, and whether or not they are described above.

Release and Indemnity:

I agree not to sue, and to release and hold harmless, High 5 Adventure Learning Center, its owners, staff members and Board of Directors (Released Parties) with respect to any and all claims which I may now have or acquire in the future, **including claims of negligence (but not of gross negligence or intentionally wrongful conduct)**, arising in any way from my enrollment or participation in High 5 activities.

I further agree to protect and indemnify (that is, defend and pay any judgments, costs, and attorney's fees) High 5 Adventure Center and the other Released Parties from any claim, **including a claim of negligence of a Released Party (but not of gross negligence or intentionally wrongful conduct)** asserted by any third party, including (but not limited to) rescuers, other participants in the activities of High 5 and members of my family, arising from injuries or other losses either suffered by or caused by me in connection with my enrollment or participation in an activity of High 5.

Other: In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary. If a suit is filed against High 5 or any other released party it must be filed in the County of Windham State of Vermont. Any such suit will be governed by the laws of the State of Vermont, not including those laws which may apply the laws of another jurisdiction.

My initials here _____ reflect my permission to High 5 to use, reproduce, or distribute any photographs, films, videotapes and/or sound recordings of me during my training for use in materials it may create, for marketing or other purposes.

I'd like to receive High 5's quarterly newsletter and monthly e-news filled with facilitation tips, skill-building workshops, SEL ideas, product specials, and more. You can unsubscribe at any time.

Participant Signature: _____ Date: _____

Name of Workshop: _____ Date(s) of Workshop: _____