



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. Parts I, II and III seek medical and other information from you. Part IV contains important information about your High 5 experience and may affect your legal rights in the event of an injury or some other loss. The document must be signed by each Participant.

High 5 programs are designed for those in reasonably good health and incorporate a variety of activities including games and problem solving initiatives. Each participant may choose the level of his or her participation. Minimizing risks is a high priority at High 5, but participants must understand that there are risks of physical or emotional injury, and must assume those risks. While the risk of injury is small, participants may suffer sprains, abrasions and other, more serious, physical and emotional trauma. Injuries and other losses can result from, among other causes, moderate to strenuous activity including the possibility of falling, abrupt contact with fixed and other objects and persons, close personal contact with other participants or staff members, including the possibility of inadvertent and unwelcome touching, and misjudgments of other participants. High 5 recommends that participants be covered by health and accident insurance for the duration 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 it would be prudent to consult with your physician 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 Seizures? 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:

In the event of injury or illness, please contact:

Name: _____ Relationship: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Please understand that failure to answer this questionnaire in a full and comprehensive manner could affect your safety and the safety of others. Your signature below will affirm that the information herein is accurate and complete and that you accept full responsibility for any loss you suffer or cause which arises out of your failure to fully disclose a pre-existing medical condition, in this form or otherwise, prior to your activity.

Part IV – Participant’s Assumption of Risks and Agreements of Release and Indemnity

In consideration of the services of High 5 in offering these activities, I, Participant, 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 certain of 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 the risks of the activities, inherent and otherwise, and whether or not they are described above.

Release and Indemnity:

I agree to release and to indemnify (“indemnify” meaning to protect, defend and pay any judgments, costs, and attorney’s fees) High 5 Adventure Learning Center, its owners, staff members and Board of Directors, with respect to any and all claims, **including claims of negligence (but not of gross negligence or intentionally wrongful conduct)**, arising in any way from injuries or other losses suffered by me or caused by me in connection with my enrollment or participation in a High 5 activity.

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, and to exchange medical information with third party care givers. If a suit is filed against High 5 or any other released party it must be filed in Windham County, 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. If any part of this agreement is deemed invalid by a court of competent jurisdiction, the remainder of the agreement will nevertheless remain in full force and effect.

My initials here _____ reflect my permission to High 5 to use, reproduce or distribute any photograph, film, videotape or sound recordings of me during my training, for use by High 5 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: _____