



CONFIDENTIAL

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

Dear Participant: Please read this document carefully. Parts I, II and III seek general, medical, insurance and other pertinent 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.

Activities and Risks: High 5 programs are designed for those in reasonably good health and may incorporate a variety of activities including games and problem solving initiatives. Each participant may choose their level of 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.

Please complete the following prior to your participation. This information will be used to inform High 5 staff of any pre-existing medical condition and determine if it would be prudent to consult with your physician prior to your participation. High 5 recommends that participants be covered by health and accident insurance for the duration of their participation.

Part I – General Information

Name: _____ Date of Birth: _____

Address: _____

Email: _____ Phone number: _____

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:

Emergency Contact: 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 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 caregivers. 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 or program, for use by High 5 in materials it may create for marketing or other purposes.

Participant Signature: _____ Date: _____

Name of Program or Training: _____ Date(s) of Workshop: _____