

**ON COURSE, Inc.**

**APPLICANT INFORMATION AND RELEASE FORM**

The ON COURSE, Inc. Applicant Information and Release Form **MUST** be signed with **N0** additions, deletions or changes, for the participant to take part in the ON COURSE, Inc. Challenge Course activities. We want to make sure you understand the risks involved in challenge Course activities and voluntarily agree to participate.

*Please Print*

**Participant's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business/Other Phone:** \_\_\_\_\_

Do you have any health problem or disability that may affect your ability to participate in the ON COURSE, Inc. program? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If you have any health conditions or injuries that might affect your ability to participate in physical activity safely, please consult your physician before participating in an ON COURSE, Inc. Challenge Ropes Course Workshop. **Please provide the following information in case of an emergency:**

**Person to notify:** \_\_\_\_\_ **Phone Number(s):** \_\_\_\_\_

**List allergies, if any:** \_\_\_\_\_

**Medication(s) currently taking:** \_\_\_\_\_

**Health/Medical Insurance Carrier:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**RELEASE FORM:** The ON COURSE, Inc. program that you have signed up for involves physically and emotionally demanding activities in an outdoor setting. It includes climbing, jumping and other rigorous activities on natural and man made structures that are on the ground or at low, medium or high distance from the ground. You will be working with ON COURSE, Inc. Instructors and with others in your group. It is possible that you may be injured while participating in the program either because of your own conduct, conduct of others in the group, conduct of ON COURSE, Inc., or the condition of the premises. We want to make sure that you understand the risks of injury before you decide to participate in the program. It is required that you read the following very carefully, make sure you understand it and sign it before you begin participating in the program.

I am fully aware that the ON COURSE, Inc. program that I am choosing to participate in includes rigorous physical activities. I am also aware that there are risks of physical injury or harm from participating in the ON COURSE, Inc. program. I voluntarily elect to participate in the program and to assume the risks of injury or harm that could result from participation. On my own behalf and on behalf of my personal representatives and heirs, I hereby release ON COURSE, Inc., its officers, employees, consultants, agents and directors from all liability for any injury or harm to me from participating in the ON COURSE, Inc. program. Whether the injury or harm is caused by the negligence of ON COURSE, Inc., or otherwise. I have read and understand this release of liability. I voluntarily sign it. I hereby give permission for ON COURSE, Inc. to administer basic first aid or to seek appropriate medical assistance for the participant above.

PARTICIPANT SIGNATURE (All participants must sign) \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARUIAN SIGNATURE –( If participant is younger than 18) \_\_\_\_\_ DATE \_\_\_\_\_

*ON COURSE, Inc. Ropes Course is located at: 15108 Auburn Rd.~ Grass Valley CA 95945  
Office Address: 23382 LaCosta Court ~ Auburn, CA 95602 Fax/Fon (530)268-1259*