

**CATHOLIC CHARITIES ADVENTURE PROGRAMS**  
**PARTICIPANT INFORMATION FORM AND RELEASE OF LIABILITY**

**DISCLOSURE:**

Catholic Charities of Oneida/Madison County adventure programs involve a variety of activities that often include warm-up games, group initiative problems, low and high ropes elements, and other physical adventure activities. The industry of experiential and adventure education using challenge courses is statistically safer than many other outdoor activities, such as driving a car, participation in athletics, etc. There still exists the potential, however slight, that you may risk physical or emotional injury through your participation. *The level of participation in a Catholic Charities of Oneida/Madison County adventure program is at all times **voluntary**. Participants **are not required** by their employer, peer group or facilitator to engage in any activity that is uncomfortable or is perceived as harmful in any way.*

The policy for participation in **all** Catholic Charities of Oneida/Madison County adventure programs requires that every participant have health/accident insurance coverage, either personal or through an employer or agency. In addition, certain health/medical information must be made known to the instructor(s) conducting the activities, so that they are prepared to respond appropriately, including exclusion from activities, if the need arises. Failure to disclose known conditions to program personnel via this form will result in full participant responsibility for any incidents occurring as a result of that condition and its manifestations in this environment. All information on this form is strictly confidential. Please complete the form below, including your signature and date, and return it to Catholic Charities of Oneida/Madison County adventure program personnel prior to participating in any activities.

***Participant Information:***

Name \_\_\_\_\_ Date of program \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Do you have health/accident insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please respond to the following by placing a check mark to all of those that apply. Please use the space provided below to further explain any relevant information.*

Asthma _____	Seizures _____	Diabetes _____
Bee Allergy _____	Heart Condition _____	Chest pains _____
High blood pressure _____	Other allergies _____	(please list _____)

Temporary or permanent pre-existing conditions \_\_\_\_\_ (please explain \_\_\_\_\_)

Other known limiting conditions \_\_\_\_\_ (please explain \_\_\_\_\_)

Are you prepared to treat yourself in the event of an occurrence of any conditions you identified? Yes \_\_\_\_\_ No \_\_\_\_\_  
(please explain \_\_\_\_\_)

Additional information about your ability or limitations regarding your participation in this program?  
\_\_\_\_\_

In case of emergency, please notify \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

**RELEASE OF LIABILITY:**

I, the undersigned, do hereby release and forever discharge Catholic Charities of Oneida/Madison County, the owner of the property where programming is to take place, and their respective agents, servants and employees and anyone else acting on behalf of either, of and from any and all liabilities and claims arising out of, or in any way related to, my participation in programs offered, or any other activity conducted or supervised by Catholic Charities of Oneida/Madison County or taking place on the previously noted premises. The substantive laws of the State of New York shall govern this release.

Participant's Name \_\_\_\_\_ Participant's Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_  
***(if participant is under 18 years of age)*** ***(if participant is under 18 years of age)***

Date: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_