

**EWALU ROPES CHALLENGE COURSE
HEALTH AND REGISTRATION FORM**

Participant's Name: _____ Birthdate: ___ / ___ / ___ Age: Sex: M / F
Address: _____ Phone: _____
Doctor's Name: _____ Phone: _____
Contact Person in Emergency: _____ Phone: _____
Address: _____

HEALTH HISTORY

(Describe condition and treatment where possible)

Allergies (insect stings, drugs, etc.) _____

Conditions requiring regular medical attention: _____

Recent injuries, illness, operations: _____

Other physical disabilities or chronic conditions (poor eyes, etc.) _____

Emotional or behavioral disorders (phobias, etc.) _____

PLEASE READ BEFORE SIGNING:

I, the applicant (or parent/guardian of participant under eighteen), declare that:

1. The applicant agrees to abide by the rules and regulations imposed on participants by EWALU.
2. The applicant understands that there are a number of inherent risks involved in the activity which are beyond the control of the sponsoring agency or its staff and agrees to personally assume such risks.
3. The applicant understands that every care and attention will be given to the health and comfort of the participants, but EWALU and/or leadership staff can not be held liable for any injuries sustained which were not directly caused by their failure to take due care.

I, the applicant (parent or guardian of minor applicant), assume full responsibility for the applicant's health being such that the activities will in no way aggravate any conditions present. If in doubt, medical advice will be sought and followed. EWALU will be notified of any changes in the applicants health status prior to participation on the Ropes Challenge Course.

I hereby authorize the leader of the event to secure such medical advice and services as may be deemed necessary for the health and safety of myself (son, daughter, ward) and I agree to accept primary financial responsibility. It shall be at the discretion of the leader of the event as to what steps must be taken for the welfare and safety of the applicant.

I declare that the statements on this form are true.

SIGNATURE _____ Date _____
(parent or guardian of minor applicant under 18)