



# PROJECT DISCOVERY CHALLENGE PROGRAMS

**PARTICIPANT NAME** \_\_\_\_\_

**GROUP** \_\_\_\_\_

## Release of Liability & Informed Consent

Project Discovery challenge programs involve a variety of activities that often include warm-ups, games, group initiative problems, various outdoor high adventure pursuits and low and high ropes course elements. I am voluntarily signing this statement to participate in Project Discovery programs with full awareness and understanding that certain aspects of the Project Discovery programming may be physically, intellectually, emotionally and socially demanding. I am also aware that these activities involve potential risk of bodily injury and harm, as well as the possibility of unexpected consequences, as is true in any outdoor adventure with a group of people.

Therefore, I will only participate in Project Discovery programs if there are not any medical, physical and/or psychological conditions that might create undue risk to myself, or others who depend on me. I further understand and am committed to the fact that instruction and training are necessary to improve my chances for a safe, accident-free experience. To the extent that I participate in such activities, I do so voluntarily and assume full responsibility for any loss and/or inconvenience resulting from any injury to my person and/or my property therefrom.

I further agree that should I sustain injury to my person and/or property, I agree to hold harmless Project Discovery, and its staff and agents, from any and all liability incurred for any injury to me and/or my legal dependents from participation in Project Discovery programs. Further, I agree that the terms hereof shall serve as a release and an assumption of risk for my heirs, executors and administrators, and for all members of my family, including any minors.

My signature below also grants Project Discovery the right to use, reproduce, assign and/or distribute photographs, videos and sound recordings of myself or any minors in my legal care for the use in Project Discovery marketing and advertising.

If I have any pre-existing medical or psychological condition, including allergies, which may have some effect on my or others safe participation in a Project Discovery program, I further agree to complete the Medical Information Form on the back of this release, as well as fully notify staff of this condition. This release is good for one year and covers all Project Discovery programs.

**Participant and/or legal guardian's signature** \_\_\_\_\_

**Above name printed** \_\_\_\_\_

**Emergency Phone Number** \_\_\_\_\_ **Date** \_\_\_\_\_

Minor participants under 18 years old should be listed below. By listing minors below and signing for them, I am attesting to the fact that I am their legal guardian and am legally authorized to sign for them . Parent/legal guardian must sign above for all persons listed below planning to participate in Project Discovery programs.

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_



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**GROUP** \_\_\_\_\_

## Medical Information Form

Please circle any conditions that apply to you that could potentially affect your participation during a Project Discovery program:

Loss of consciousness/seizures

Bone or joint issues

History of mental illness or mental condition

Muscle, tendon or ligament issues

Heart condition

Back issues

Low/high blood pressure

Pregnancy

Diabetes

Recent surgeries or injuries

Hypoglycemia

Other medical problem

Hernia

If you have circled any of the above, please explain how these conditions may affect your participation in a Project Discovery program:

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Medication allergies: \_\_\_\_\_

Environmental allergies: \_\_\_\_\_

Severe food allergies: \_\_\_\_\_