

PART I: GROUP INFORMATION

Name of Your Organization (Business, School, Church, Group, etc.)	Name of Your Group Leader	Date of Challenge Course Program
---	---------------------------	----------------------------------

PART II: MEDICAL INFORMATION

1. Does your child have any current or past medical conditions that could affect their ability to participate in challenge course activities? Yes No
 If yes, please identify and explain (use the back of form if necessary):

2. Is your child currently taking any medications? Yes No
 If yes, please identify the medication and the condition (use the back if necessary):

3. If your child has any of the following conditions, please check all that apply.
 recent injury infectious disease diabetes chronic or recurring illness
 Asthma allergies (medication, food, bee stings, etc.) Down Syndrome: Other:

If any of the above are checked, please provide additional information:

If you have any special needs or conditions that will help us to accommodate your experience, please explain below, use back of page if necessary:

PART III: PARTICIPANT INFORMATION

Youth's Full Name (First, MI, Last)	Date of Birth / /	Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent's Full Name	Parent's Email Address		
Address (Number, Street, Apartment, Suite)	City, State, Zip Code		
Home Phone	Cell Phone	Work Phone	

PART IV: EMERGENCY CONTACT In case parent is not available in an emergency situation, please indicate an additional person to be notified.

Emergency Contact's Full Name	Relationship to Child		
Home Phone	Cell Phone	Work Phone	

PART V: INSURANCE INFORMATION Is the youth covered by family medical/hospital insurance? Yes No

Insurance Plan Name or Insurance Company	Group or Member Number
Name of Insured	Relationship to You

PART VI: DISCLOSURES, RELEASE OF LIABILITY & ACKNOWLEDGMENT OF RISK

<input type="checkbox"/> Yes <input type="checkbox"/> No	I recognize and acknowledge that although the program has been carefully designed with safety in mind and will be operated by well-trained staff, the risk of injury or disability cannot be totally eliminated.
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the event of illness or injury, consent is hereby given to provide emergency medical care or hospitalization. I affirm that the information provided above on this form is accurate and complete.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to hold Challenge Applications LLC and its independent and sub-contractors harmless if full disclosure of a pre-existing medical condition has not been provided.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I release Challenge Applications LLC, its independent and sub-contractors from all liability not directly related to the actions of the Challenge Course Program staff members.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize photo / digital media release for Challenge Applications marketing and training purposes. We do not release your personal information or media to any third party sources.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to permit Dan Ashe and/or Challenge Applications LLC to contact me via email to communicate information.

SIGN HERE →	Parent's Signature	Today's Date
--------------------	--------------------	--------------