

Orange County Ropes Course

Applicant Information and Release Form

The ORANGE COUNTY ROPES COURSE applicant information and release form must be signed with no additions, deletions, or changes for the participant to take part in the ORANGE COUNTY ROPES COURSE challenge course activities. We want to make sure you understand the risks associated with participation in challenge course activities and have carefully considered whether you want to participate.

Please Print

Participant's name: _____ Age _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Do you have any health problems or disabilities that may affect your ability to participate in the ORANGE COUNTY ROPES COURSE programs? If yes, please explain: _____

Please provide the following information in case of an emergency:

Person to notify: _____ Phone: _____

List allergies, if any: _____

Medication(s) currently taking: _____

Do you have Health/Medical insurance: Yes: _____ or No: _____

RELEASE FORM: the ORANGE COUNTY ROPES COURSE. The program that you have signed up for involves physically and emotionally demanding activities in and outdoor setting. It includes climbing, jumping and other rigorous activities on natural and man-made structures on the ground or in low, medium or high distance from the ground. You will be working with ORANGE COUNTY ROPES COURSE, instructors and 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 ORANGE COUNTY ROPES COURSE, or the conditions 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 ORANGE COUNTY ROPES COURSE PROGRAM THAT I AM CHOOSING TO PARTICIPATE IN INCLUDES RIGOROUS PHYSICAL ACTIVITIES. I AM ALSO AWARE THAT THERE ARE RISKS OF PHYSICAL INJURIES OR HARM FROM PARTICIPATING IN THE ORANGE COUNTY ROPES COURSE, PROGRAM. I VOLUNTARILY ELECT TO PARTICIPATE IN THE PROGRAM AND TO ASSUME THE RISKS OF INJURIES OR HARM THAT INCLUDE RESULTS FROM PARTICIPATION. ON MY OWN BEHALF, AND ON BEHALF OF MY PERSONAL REPRESENTATIVES AND HEIRS, I HEREBY RELEASE THE ORANGE COUNTY ROPES COURSE, IT'S OFFICERS, EMPLOYEES, CONSULTANTS, AGENTS, AND DIRECTORS FROM ALL LIABILITY FOR ANY INJURIES OR HARM TO ME FROM PARTICIPATING IN THE ORANGE COUNTY ROPES COURSE PROGRAM, WHETHER THE INJURY OR HARM IS CAUSED BY THE NEGLIGENCE OF ORANGE COUNTY ROPES COURSE, OR OTHERWISE. I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY. I VOLUNTARILY SIGN IT AND I HEREBY GIVE PERMISSION FOR ORANGE COUNTY ROPES COURSE TO ADMINISTER BASIC FIRST AID OR TO SEEK APPROPRIATE MEDICAL ASSISTANCE FOR THE PARTICIPANT LISTED ABOVE.

PARTICIPANT SIGNATURE (all participants must sign)

Date

PARENT/GUARDIAN SIGNATURE (if participant is younger than 18)

Date

ORANGE COUNTY ROPES COURSE

(Mailing Address) 5753 E. Santa Ana Canyon Rd #G585 Anaheim Hills, CA 92807 (714)616.1026