

**CONTRACT NAME: AGREEMENT BETWEEN HERON LAKE CHALLENGE
ADMINISTERED BY NAPA COUNTY OFFICE OF EDUCATION AND DAVIS
JOINT UNIFIED SCHOOL DISTRICT**

BRIEF DESCRIPTION OF CONTRACT: This is an agreement for the Davis High Girls Varsity Volleyball team to participate in a team-building event at the Heron Lake Challenge Ropes Course on August 10, 2018.

FISCAL IMPACT: The cost of this event is included in the approved team budget for 2018-2019.



Program Booking Check list

☐ **Step 1:** Tentatively Schedule preferred Program date and time with Program Coordinator. Email inquired dates to Trinity Talbott at: Ttalbott@napacoe.org or call **(707) 253-6884** to schedule your group's day at the course. Once your tentative date is scheduled please begin submitting all necessary paperwork. You may also book through online at <https://heronlakechallenge.youcanbook.me>

☐ **Step 2:** Complete "Program Contract" for tentatively scheduled program date. Submit contract to the Program Coordinator at the previously listed email address above. Please be sure to have ****authorized fiscal or accounting personnel*** sign the document. Once the Contract is submitted and processed your program date is set.

- **Private** and **corporate** groups must submit a deposit of \$450.00 along with the contract to secure a program date. Non-profit and school groups are not required to submit a deposit.

☐ **Step 3:** Review *Sample Itinerary* and *General Program Information* documents, as well as the *Map* to our parking area. Please be sure to follow the guidelines listed in these documents to ensure the best experience for your group. Please contact Program Coordinator with any questions.

☐ **Step 4:** Once steps 1 through 3 are complete and your date is set, please send us a list of all participants expected to attend the program. We use this list to create course completion certificates for your attendees.

☐ **Step 5: (Optional)** Complete ropes activities menu to help us shape the day of your program. We tailor every program to best meet the goals of each group. We are happy to make any accommodations to create as inclusive of a program as possible for your group.

☐ **Step 6:** Please notify the Program Coordinator of any third party catering or outside service expected during the scheduled program. This way we can coordinate arrival and departure times with the service provider.

☐ **Step 7:** Be sure to have **ALL** attending the program complete **Both Pages** of the **"Liability and Assumption of Risk"** Forms. Any person attending **under age 18 must** have parent/guardian signature. You may bring these on the day of your event.

We will meet you in the parking area at the scheduled start time of your event!

A program of Napa County Office of Education, 2121 Imola Ave, Napa, CA 94559

Heron Lake Challenge Ropes Course:

Main Office: (707) 253-6884 | Field Office: (707) 337-7082 | Fax: (707) 226-6842



Contract and Agreement of Terms

Thank you for registering for the Heron Lake Challenge Ropes Course, administered by the Napa County Office of Education. Program for (client): Davis High Girls Volleyball on (date): 8-10-18
 The price of the **half day** program for **school groups** and **non-profit organizations** is:

1-30 participants: \$850	51-60 participants: \$1,400
31-40 participants: \$1000	61-70 participants: \$1,600
41-50 participants: \$1,200	over 70 participants: please call for pricing and information

The number of youth is 15 and the number of adults is 5

If the number of total participants changes from the above please let us know promptly so that we may staff accordingly. The last opportunity to make changes to the number of participants per the invoice is one week prior to your program date.

- ☐ Please note that the minimum charge will be \$700.
- ☐ Payment is due 2 weeks prior to your scheduled day at the course. POs are accepted for payment from schools only, all others must pay by check.
- ☐ Checks must be made payable to Napa County Office of Education with "Ropes" in the memo line
- ☐ Checks must be sent to NCOE-Ropes, 2121 Imola Ave. Napa, CA 94559
- ☐ A non-refundable deposit of \$400 is required at the time of booking for all groups except schools
- ☐ All participants and observers must provide a signed liability release and complete the medical information form prior to arriving at the Ropes Course.
- ☐ In the event that your program is cancelled by Heron Lake Challenge due to rain or other circumstances you may reschedule a new program date.
- ☐ In the case of rain, we will contact the point person you specified on the attached Program Information form to let you know if the program will be cancelled or available.
- ☐ If **you** cancel your program 14 days or more prior to your scheduled date no charges will occur.
- ☐ Programs cancelled within 13 days of their program may be responsible for 100% of the originally agreed upon amount.

Please refer to our website, www.heronlakechallenge.org to obtain necessary forms including:

- General Information & Map/ Directions to Heron Lake
- Release of Liability & Medical Information Form

INDEMNIFICATION-CLIENT is fully aware that the Napa County Office of Education Ropes Course Program may be physically or emotionally demanding. CLIENT affirms that the CLIENT's participants are in good health and that they are not under a physician's care for any undisclosed condition that bears upon their fitness to participate in Napa County Office of Education Ropes Course activities. CLIENT agrees to hold harmless, indemnify and defend NCOE and its trustees, employees, agents and volunteers from any and all claims, damages, losses and expenses, including attorney fees, arising or resulting from damage to property, injury or death to any person, firm or corporation caused by the sole negligence of CLIENT staff or participants in connection with this agreement.

	Bruce E. Colby	Chief Business Officer	
Signature of Client-Authorizing Official	Name Printed	Title	Date
<hr/>			
Signature of NCOE Representative	Name Printed	Title	Date

Please return both pages of the Contract and Agreement of Terms form as compliance to the terms listed above via FAX (707) 226-6842 or email to ropes@napacoe.org



Program Information

*Please complete all required fields.

*Name of Organization: Davis High Girls Volleyball

*Date of Program: 8/10/18 *Total # of participants: 20

Program start time (9AM unless another time requested): 9am

Program end time (3:30PM unless another time requested): 12 noon

*Type of group (i.e. grade level, sports team, etc): sports team

*Accounting/ Fiscal Contact: Bruce Colby *Phone: 530-757-5300

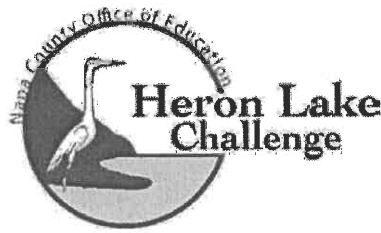
*E-Mail: bcolby@djUSD.net

*Phone number to contact if rain or cancellation at 6am: Julie Crawford 530-409-3745

*Name and address for invoice: Laurie Williams - DSHS Athletics Dept.
315 W 14th St Davis, CA 95616

Comments (goals for your group, any information you would like our facilitators to know):

Please return both pages of the Contract and Agreement of Terms form as compliance to the terms listed above via FAX (707) 226-6842 or email to ropes@napacoe.org



Ropes Course Program: Sample Itinerary

9:00am or 12:00pm: Arrival

- Walk up to course from parking area. Group has a chance to use the restroom, gather necessary belongings for the day etc.

9:15am or 12:15pm: Introductions

- Group gathers and meets for introductions, definitions of a challenge course, and some brief visioning and goal setting. A few games, ice-breakers happen at this time which sets a tone of both focus and fun for the rest of the day. We also will discuss our philosophy of “challenge by choice” and how it applies to the group and to the individuals.
- At this time, the groups break off into smaller “pods” of about 8-15. These groups can be pre-assigned, or divided by the group’s consensus. The small groups will then spend the next 45 minutes working with their facilitator on an activity and “low ropes elements” that are specifically designed to increase the group’s ability to effectively communicate, problem solve, think critically, respect each other, evoke their personal leadership abilities, and learn to trust one another on a deeper level.

10:00am or 1:00pm: High Ropes

- After “Low Ropes”, the groups are gathered back together to begin our “High Rope” activities. We then put on our harnesses and helmets, go over safe climbing procedure and begin focusing on our high ropes elements. The rest of the day is spent working as individuals, as partners, and as a team to overcome many physical and emotional challenges. Some of the high ropes elements can be physically challenging, but most are designed to challenge the individual on a more emotional level. Teammates are encouraged to cheer each other on!

12:00pm or 3:00pm: Final Closing

- A day of problem solving and learning to communicate more effectively while challenging oneself both physically and emotionally can be both inspiring and exhausting. This is the point of the day when we come back together as a large group, discuss some of the high points of the day, evaluate our achievements, and pat each other on the back for a job well done. Groups are usually on the road by 12:25pm or 3:25 pm.

*We can be flexible with all of our timing here at Heron Lake, working with you to design a program that suits the needs of your group. Call (707) 253-6884 or e-mail ropes@napacoe.org for more information or to schedule a program



General Program Information

Heron Lake is located in the beautiful hills of Napa County, and is designed to provide both individuals and groups with an opportunity for growth and learning. During the day, your group will play non-traditional games, solve problems, and participate in adventure activities. You will begin to know yourself and those sharing the day with you better. You will learn to trust yourself and your teammates more. We hope you will participate to your best ability and have a terrific time in the process.

Please read the following information to ensure that your experience is enjoyable and safe.

FORMS: The “Liability and Assumption of Risk” and “Medical Information and Release” form(s) should accompany the group on the day of your program.

***ONLY THOSE INDIVIDUALS WITH FULLY COMPLETED FORMS MAY PARTICIPATE.**

CLOTHES: We recommend tennis shoes or light hiking boots, loose fitting long pants, a long-sleeved or short-sleeved shirt (depending upon the weather). We also recommend bringing a warm jacket even if there is only a moderate chance of it being cool. Temperatures can change dramatically over the course of the day. Please leave large belt buckles, jewelry, wrist watches, knives, radios, chewing gum, cigarettes, etc. at home. Long hair should be tied back. Short shorts and short tops may be uncomfortable when participating.

WATER: Bring your own Water! Please bring at least 36oz of water per person and even more if you expect the day to be warm. We have no potable water at or near the site.

LUNCH: Bring a lunch, snacks and beverages unless other arrangements have been made. There are picnic tables to eat on but no cooking facilities or electrical.

FACILITIES: There is limited parking, therefore carpooling is advised. There is one portable toilet on site. The course has no running water.

***Please note that we are NOT located at 2121 Imola Ave. Please see attached map for directions.**

TIME: Arrival time is specified on your “Contract and Agreement of Terms” form, and departure is usually between 3:00 and 3:30 p.m. and 12:30-1:00 on half days unless otherwise noted. Please meet the staff at the end of Madrone Road in the gravel parking area under the large oak trees adjacent to the lake. (See map)

RAIN: Cancellation due to rain or inclement weather will be decided the morning of the program.
***We will contact you if your program is canceled.**

We hope the above information is helpful. Please call if you have any further questions. We look forward to your program date and the exciting adventure that will ensue!

A program of Napa County Office of Education, 2121 Imola Ave, Napa, CA 94559

Heron Lake Challenge Ropes Course:

Main Office: (707) 253-6884 | Field Office: (707) 337-7082 | Fax: (707) 226-6842



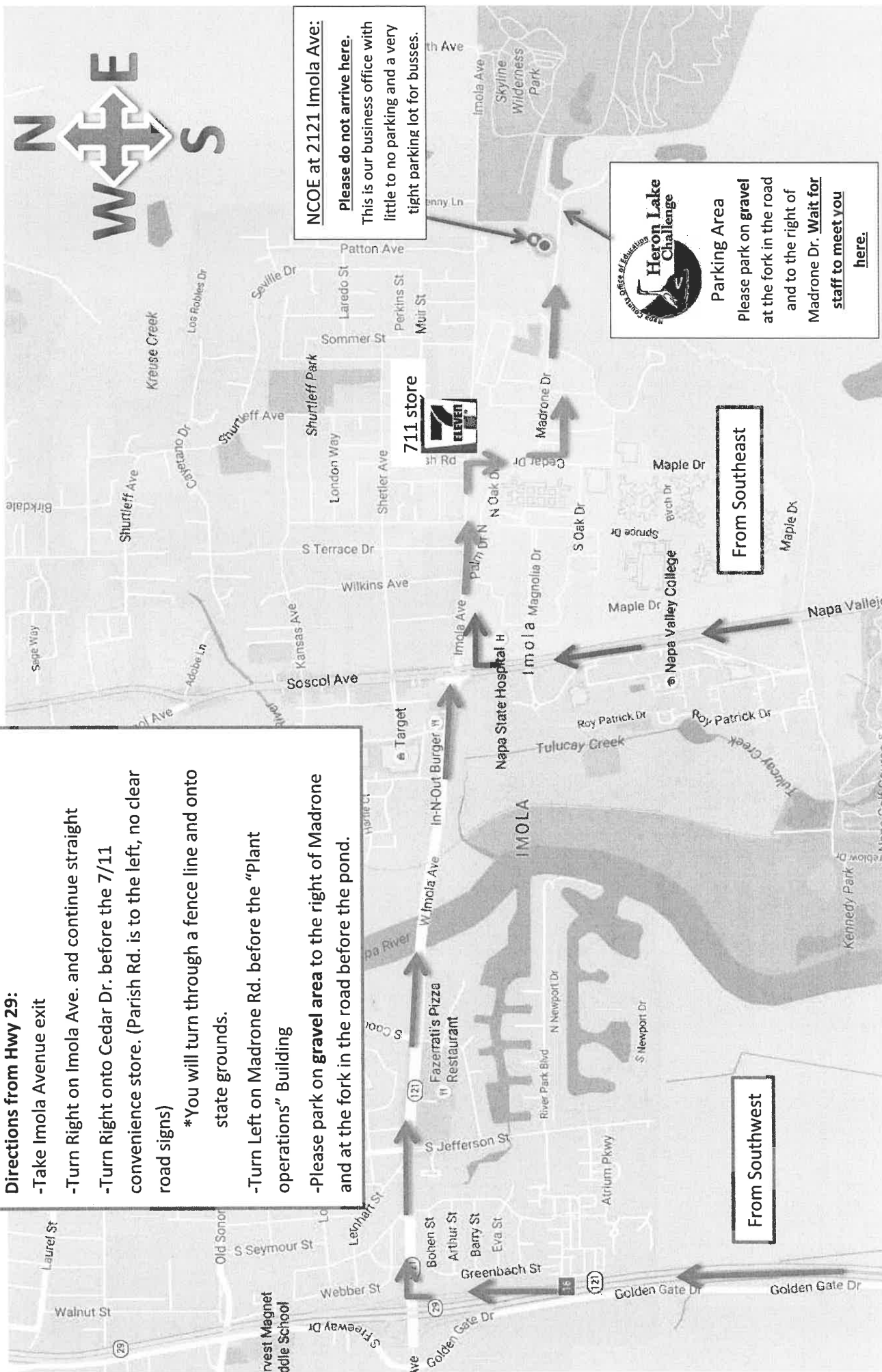
Field Office: (707) 337-7082
Please contact this number for any reason on day of your event.

Exact coordinates available at www.HeronLakeChallenge.org via step by step directions with Google Maps.

General Map and Directions

Directions from Hwy 29:

- Take Imola Avenue exit
- Turn Right on Imola Ave. and continue straight
- Turn Right onto Cedar Dr. before the 7/11 convenience store. (Parish Rd. is to the left, no clear road signs)
- *You will turn through a fence line and onto state grounds.
- Turn Left on Madrone Rd. before the "Plant operations" Building
- Please park on **gravel area** to the right of Madrone and at the fork in the road before the pond.



NCOE at 2121 Imola Ave:
Please do not arrive here.
This is our business office with little to no parking and a very tight parking lot for busses.

Heron Lake Challenge
Parking Area
Please park on gravel at the fork in the road and to the right of Madrone Dr. **Wait for staff to meet you here.**

From Southeast

From Southwest



Ropes Activities Menu

Low Elements (team building activities):

Utilized Skills key: **C** communication **PS** problem solving **PHS** physical support **MS** mental support

Please number 1-5 activities, most to least interested, other than ball/object toss.

___ **Ball and Object Toss**- Group stands in a circle and passes objects to each person once while keeping proper sequence. (Ice-breaker/ first activity with entire group) **C**

___ **Wrist Loops**- Work together in partner pairs to escape from rope wrist loops without untying them. (Second group activity for up to 40) **C** **PS** **PHS**

___ **Jump Rope Crossing**- Team works together to get from one side of a jump rope to the other in a certain sequence with knowledge of end goal but very little direction. **PS** **C**

___ **Helium Hula Hoop**- Teams must get hula hoop from above heads to the ground with only index finger on bottom of hoop. **C** **PS**

___ **Neutron Bomb**- Work together to move a ball from one tee to another by using only strings attached to a metal ring that is at the base of the starting tee. **C** **PS**

___ **Blindfold Maze**- Teams are blindfolded and walked to a maze of ropes tied to trees and must navigate maze with ropes to find an unknown goal. **C** **MS** **PHS**

___ **Teepee Shuffle**- Team is split into two and lined up opposite each other on top of a log on the ground and must switch sides without touching the ground. **PS** **PHS** **MS** **C**

___ **Snake Pit**- Team works together to get group across concrete platforms using only three logs to get from one side to the other without touching the ground. **PHS** **MS** **C**

___ **Mohawk walk**- Team works together to get from one side of obstacle to the other without touching the ground while using steel braided slack lines stretched between trees. **PS** **PHS** **C**

___ **Turbo Swing**- Team works together to retrieve swing suspended just out of reach and then swing entire team from one side to the other. **PHS** **C**

___ **Wild Woozy**- Partners work together to get as far as possible on two slack lines that gradually separate from each other while rest of teammates spot for falls. **PHS** **C**

___ **Brick Maze**- Navigate through a grid one at a time by finding the proper sequence. **PS** **PHS** **MS** **C**



Ropes Activities Menu

High Elements (Ropes Challenge Activities):

Please number 1-6 activities, most to least interested.

___ **Broken Bridge- 15ft high**, must staple climb up pole step out on suspended bridge and walk from one side to the other, return to middle then sit in harness for a small repel down on rope. (Lowest high element)

___ **Multi Vine- 30ft high**, staple climb up pole and step out on a steel braided slack line, use hanging ropes to get from one side of element to the other then return to middle and sit in harness for repel to ground.

___ **Swinging Chairs- 25ft. high**, staple climb up pole reach out and grab first swing and either step out and stand, or reach leg out and sit on first swing then continue this process to get from one side to the other and return to middle of element to repel back to the ground. (Most physically exerting)

___ **Cat Walk- 30ft. high**, staple climb up to telephone pole suspended horizontally between two other poles, step out on pole and walk from one side to the other. Feel free to challenge yourself and use no hands, do jumping jacks, pushups, dances and yoga poses or anything else you can think of. Have fun and be creative! Then walk to middle of element for a rope repel to the ground.

___ **Zip line- 40ft. high**, staple climb up to platform at top of pole and stand up. A facilitator will be at the top to clip you into the zip carriage. After being clipped in sit down on platform grab low on the rope connected to your harness or use no hands at all, lean forward and enjoy the ride! Team mates will be at the end of the zip line to assist in getting each person off. (Highest element)

___ **Leap of Faith- 25ft high**, participants are hooked in by the back to a chest and waist harness. The rope cannot be used for assistance on this activity. Staple climb to top of pole and find a way to leverage yourself on top of it without using your rope. Once standing on top, wipe hands and leap for a trapeze that is 6ft from top of pole and three foot from the edge. If you have shoulder or arm injuries you may just "Superman" jump off the top of the pole and Then get lowered to the ground on the rope. (Most exciting, exhilarating and mentally challenging)



Liability and Assumption of Risk (under 18)

***Please complete BOTH sides**

Participant Information

Name _____ Age _____

Street Address _____

City, State, Zip _____

Telephone (home) _____ (Work) _____

E-mail address _____

Photo/Media Release

I grant Napa County Office of Education Ropes Course and persons acting for or through them the right to use, reproduce, assign, and/or distribute photographs, films, video tapes, and sound recordings of me for use in materials they may create.

Disclosure

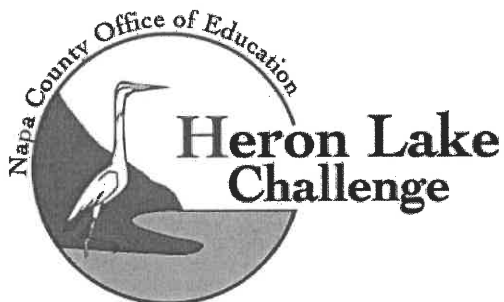
Napa County Office of Education Ropes Course Program involves a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, and other rigorous physical adventure activities. The level of participation in a Napa County Office of Education Ropes Course activity is at all times completely up to the individual's choice. Yet there is a risk, which must be assumed by each participant, that he or she may suffer a serious injury/illness and/or disability.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I am fully aware that the Napa County Office of Education Ropes Course Program that I am choosing to participate in may be physically or emotionally demanding. I affirm that my health is good and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in Napa County Office of Education Ropes Course activities. I voluntarily elect to participate in the program and to assume the risk of injury or harm that could result from participation. I release Napa County Office of Education, Napa County Office of Education Ropes Course Program and its staff members, and the Napa County Board of Education from all liability for any injury, harm, or damage from participating in the Napa County Office of Education Ropes Course program, whether the injury or harm is caused by the negligence of Napa County Office of Education Ropes Course or otherwise. This release is binding upon my heirs, executors, and assigns. I have read and understand this release of liability. I voluntarily sign it.

PARENT/GUARDIAN SIGNATURE

DATE



Medical Information and Release

***Please complete BOTH sides**

Policy for participation in all Napa County Office of Education Ropes Course programs requires that every participant has health/accident insurance coverage or waives the requirement of having insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs so that they are prepared to respond appropriately if the need arises. This information will be held in confidence.

1. Does participant have health/accident insurance? YES NO

Insurance company _____ Policy No. _____

Primary physician _____ Phone _____

2. Do you have any allergies, reactions to medications, or any other medical limitations? YES NO If yes, identify and explain: _____

3. Are you currently taking medication (prescribed or otherwise, i.e., cold medicine)? YES NO If yes, state what you are taking and the condition for which you are taking it: _____

4. Do you have any limiting physical disabilities or handicaps (temporary or permanent)? YES NO

If yes, identify and explain: _____

Authorization to Treat a Minor: (Must be completed for all persons under 18 years of age.)

I (We) the undersigned parent(s) or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, or medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff or emergency room staff licensed under the provision of the Medical Practice Act or dentist licensed under the provision of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment of the patient.

PARENT/ GUARDIAN SIGNATURE

DATE



Responsabilidad y Asunción de Riesgo (under 18)

Por favor, completen AMBOS lados.

Información del Participante

Nombre _____ Edad _____

Dirección _____

Ciudad, Estado, C.P. _____

Teléfono (casa) _____ (trabajo) _____

Dirección de correo electrónico _____

Permiso de Fotos/Medios

Concedo al Recorrido de Cuerdas de la Oficina de Educación del Condado de Napa y a las personas que actúen en su nombre o por medio de ella el derecho a usar, reproducir, asignar y/o distribuir fotografías, películas, cintas de vídeo y grabaciones de sonido de mi persona para su uso en los materiales que puedan crear.

Información

El Programa de Recorrido de Cuerdas de la Oficina de Educación del Condado de Napa involucra varias actividades que frecuentemente incluyen calentamientos, juegos, problemas de iniciativa grupal, elementos de cuerdas altos y bajos y otras actividades físicas rigurosas de aventura. El nivel de participación en las actividades del Recorrido de Cuerdas de la Oficina de Educación del Condado de Napa depende en todo momento de la elección del individuo. Pero existe un riesgo, que debe ser asumido por cada participante, de que tal vez pueda sufrir una herida/enfermedad grave y/o discapacidad.

EXENCIÓN DE RESPONSABILIDAD Y ASUNCIÓN DE RIESGO

Soy plenamente consciente de que el Programa de Recorrido de Cuerdas de la Oficina de Educación del Condado de Napa en el que elijo participar puede ser exigente física o emocionalmente. Afirmo que mi salud es buena y que no estoy bajo observación médica por cualquier condición sobre la que no haya informado que pueda afectar a mi forma física para participar en las actividades del Recorrido de Cuerdas de la Oficina de Educación del Condado de Napa. Elijo voluntariamente participar en el programa y asumo los riesgos de que puedo sufrir lesiones o daños debido a mi participación. Eximo a la Oficina de Educación del Condado de Napa, al Programa de Recorrido de Cuerdas de la Oficina de Educación del Condado de Napa y a los miembros de su personal, y a la Mesa de Educación del Condado de Napa de cualquier responsabilidad por cualquier herida, lesión o daño al participar en el Programa de Recorrido de Cuerdas de la Oficina de Educación del Condado de Napa, independientemente de si la lesión o el daño sea causado por negligencia del Recorrido de Cuerdas de la Oficina de Educación del Condado de Napa o no. Esta exención se aplica a mis herederos, albaceas y cesionarios. He leído y comprendido esta exención de responsabilidad. La firmo voluntariamente.

FIRMA DEL PARTICIPANTE

FIRMA DE LOS PADRES/TUTORES

(Debe tener más de 18 años de edad para firmar en nombre de un menor)



Información y Permiso Médico

Por favor, completen AMBOS lados.

La normativa para participar en todos los programas de Recorrido de Cuerdas de la Oficina de Educación del Condado de Napa requiere que cada participante tenga cobertura de seguro de salud/accidente o exima el requisito de tener cobertura de seguro. Además, debe informar sobre las condiciones de salud/médicas que tenga al instructor(es) que lleven a cabo los programas, para que estén preparados para responder apropiadamente si surge la necesidad. Esta información será confidencial.

1. ¿El participante tiene seguro de salud/accidente? SÍ NO

Empresa aseguradora _____ N° de póliza _____

Médico primario _____ Teléfono _____

2. ¿Tiene alergias, reacciones a medicamentos o cualquier otra limitación médica? SÍ NO Si es sí, identifique y explique:

3. ¿Está tomando medicación actualmente (con o sin receta, ej.: medicamentos para el resfriado)? SÍ NO Si es sí, indique qué está tomando y la condición para la que lo está tomando. _____

4. ¿Tiene alguna discapacidad física limitante o hándicaps (temporales o permanentes)? SÍ NO

Si es sí, identifique y explique: _____

Autorización para Tratar a un Menor: (Debe ser cumplimentado para todas las personas menores de 18 años de edad.)

Yo, el padre/madre/los padres o tutores legales abajo firmantes de _____, menor de edad, por la presente autorizo y doy permiso para cualquier examen de rayos X, anestesia, o diagnóstico médico o quirúrgico prestado bajo la supervisión general o especial de cualquier miembro del personal médico o personal de sala de emergencia acreditado bajo la provisión del Acta de Práctica Médica o dentista acreditado bajo la provisión del Acta de Práctica Dental y bajo la supervisión general del personal médico autorizado para ejercer en un hospital del Departamento de Salud Pública del Estado de California. Se comprende que esta autorización se da con antelación a que se requiera cualquier diagnóstico específico, tratamiento o cuidado hospitalario, pero se da para dar autoridad y poder para prestar cuidados aconsejables por el médico anteriormente mencionado en el ejercicio de su mejor juicio. Se comprende que se harán esfuerzos para contactar con el abajo firmante antes de proporcionar tratamiento al paciente.

FIRMA DE LOS PADRES/TUTORES

FECHA



Liability and Assumption of Risk (adult)

Please complete BOTH sides

Participant Information

Name _____ Age _____

Street Address _____

City, State, Zip _____

Telephone (home) _____ (Work) _____

E-mail address _____

Photo/Media Release

I grant Napa County Office of Education Ropes Course and persons acting for or through them the right to use, reproduce, assign, and/or distribute photographs, films, video tapes, and sound recordings of me for use in materials they may create.

Disclosure

Napa County Office of Education Ropes Course Program involves a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, and other rigorous physical adventure activities. The level of participation in a Napa County Office of Education Ropes Course activity is at all times completely up to the individual's choice. Yet there is a risk, which must be assumed by each participant, that he or she may suffer a serious injury/illness and/or disability.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I am fully aware that the Napa County Office of Education Ropes Course Program that I am choosing to participate in may be physically or emotionally demanding. I affirm that my health is good and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in Napa County Office of Education Ropes Course activities. I voluntarily elect to participate in the program and to assume the risk of injury or harm that could result from participation. I release Napa County Office of Education, Napa County Office of Education Ropes Course Program and its staff members, and the Napa County Board of Education from all liability for any injury, harm, or damage from participating in the Napa County Office of Education Ropes Course program, whether the injury or harm is caused by the negligence of Napa County Office of Education Ropes Course or otherwise. This release is binding upon my heirs, executors, and assigns. I have read and understand this release of liability. I voluntarily sign it.

PARTICIPANT SIGNATURE

DATE



Medical Information and Release

Please complete BOTH sides

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I (We) the undersigned parent(s) or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, or medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff or emergency room staff licensed under the provision of the Medical Practice Act or dentist licensed under the provision of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment of the patient.

PARTICIPANT SIGNATURE

DATE