San Joaquin County Office of Education

APPLICANT INFORMATION FORM & RELEASE OF LIABILITY

Policy for participation in all Venture-On programs requires certain health/medical information must be made known to the instructor(s) conducting the programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it to Venture-On prior to participating in any activities.

Type of Workshop: Ropes Course **Dates of Workshop:** _____

Applicant Information

1. Name_____ Date of Birth _____
2. Do you have any limiting physical disabilities or handicaps (temporary or permanent)? _____No _____Yes
   If yes, identify and explain: _____
3. Are you currently taking medication (prescribed or otherwise, e.g. cold medicine)? _____No _____Yes

If yes, state what you are taking and what condition it is for: _____

4. Do you have any allergies, reactions to medications, any other medical limitation? _____No _____Yes

If yes identify and explain: _____

RELEASE OF LIABILITY

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Venture-On programs involve 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 Venture- On Program 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 an emotional or physical injury and disability.

- Participant is aware an understands that participating in the Venture On Program involves a potential risk of physical injury that may not only be from his/her own actions, inactions, or negligence, but also from the actions, inactions or negligence of others, the condition of the environment, equipment, or areas where the event or activity is being conducted.
- Participant understands that the programs are physically demanding and potentially dangerous. Therefore, all participants must be free of medical or physical conditions, which might create undue risk to themselves or others who depend on them. If there are any questions about the participant's ability to participate, please consult with the participant's physician prior to signing this form or participating in the program.
- Participant understands that he/she is responsible for behaving in a careful and prudent manner to minimize the risk of injury to themselves or others.
- Participant understands that this is a voluntary program and that he/she should participate to the extent that they feel appropriate for there own condition and skill level.

I understand that parts of the Venture-On program 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 Venture-On activities. I recognize the inherent risk of physical injury that could result from any of these activities. I release Venture-On, and it's staff members, the San Joaquin County Office of Education, its employees, officers and Board Members from all liability for any injury to me from participation in Venture-On activities.

Please check one: ☐ I am the applicant (Over 18 years old) ☐ I am the Parent/Guardian of applicant

Printed Name _____ Signature _____

Date: _____ Applicant's Address:_____

City, State & Zip: _____

Home Phone: _____ Emergency Phone: _____

Photo/Media Release

I, _____ grant Venture-On, and persons acting for or through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of myself, for use in materials they may create.

Date: _____ Signature: _____