

**Westtown School
Ropes Course Participation and Waiver Form**

Group Visiting the Course:

Date of Visit:

Participant Information:

Name: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____

Safety is of paramount importance in all activities at the Westtown School Ropes Course. Because ropes course activities and any introductory activities are not risk free, the following agreement is necessary.

I do not hold the students, employees, or administrators of Westtown School liable for any injury, bodily harm, accidents, or death during activities facilitated on, or introductory to the Westtown School's Ropes Course.

Signature: _____ Signature: _____
Participant Parent/Guardian if participant is under 18 years of age

To provide reasonable care for our participants, we ask that you complete the following information neatly and clearly.

In case of emergency, notify:

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____

Medical History: (write N/A if not applicable; do not leave any blanks)

List any allergies (bee stings, medicines, food, etc) _____

List any history of serious illness (heart disease, diabetes, asthma, etc.) or any recent injuries or hospitalizations:

List any medications presently taken: _____

List any other concerns of which group leaders should be aware: _____

In the event (participant's name) _____ suffers any illness or accident that requires emergency hospitalization, medication, or surgery while participating in activities on, or leading to the course, I hereby give my permission for any medical treatment that may be deemed necessary and reasonable by qualified medical personnel, understanding that a representative of Westtown School will contact me at the earliest possible moment.

Signature: _____ Signature: _____ Date: _____
Participant Parent/Guardian if
Participant is under 18 years of age

Health Insurance: _____ Policy #: _____
