Westtown School Ropes Course Participation and Waiver Form

Group Visiting the Course:			Date of Visit:		
Participant Information	<u>n:</u>				
Name:		Age:			
Address:	City:	State:	Zip:		
Home Phone:		Work Phone:			
Safety is of paramount in Because ropes course act				reement is necessary.	
I do not hold the students during activities facilitate				y, bodily harm, accidents, or death	
Signature:	Sign	nature:			
Particij	pant Sigi	nature: Parent/Gua	dian if participant is u	under 18 years of age	
To provide reasonable ca	are for our participants, v	we ask that you complete	he following informa	tion neatly and clearly.	
In case of emergency, n	otify:				
Name:		Relationship:			
Address:	City:	State:	Zip:		
Medical History: (write	ings, medicines, food, et	•			
List any history of seriou	illness (heart disease, o	diabetes, asthma, etc.) or	any recent injuries or	nospitalizations:	
List any medications pres	sently taken:				
List any other concerns o	of which group leaders sl	hould be aware:			
In the event (participant's hospitalization, medication any medical treatment the representative of Westtown	at may be deemed neces	ssary and reasonable by c	ualified medical perso	ent that requires emergency se, I hereby give my permission for nnel, understanding that a	
Signature:		Signature:	Date:		
Signature:Particip	pant	Parent/Gua	dian if		
•		Participant	is under 18 years of ag	ge	
Health Insurance:		Policy #:			