

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

**Group Visiting the Course:**

**Date of Visit:**

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**Participant Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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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 #: \_\_\_\_\_

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