



BATIAN'S VIEW EXPERIENTAIL EDUCATION CENTRE

Participant Information and Release of Liability

DISCLOSURE: Batian's View Experiential Education Centre (hereafter BV) challenge course programs involve activities that include, but are not limited to, warm-up games, initiatives, low and high ropes course activities, and other adventure education activities. At all times, levels of participation are the individual's choice. Statistics show that adventure activities have accident rates that are far below other associated activities, such as general physical education classes. Yet, there is a risk to be assumed by each participant, that he/she may suffer an emotional and/or physical disability.

BV policy requires that for each participant pertinent medical information is disclosed, and that a release of liability is signed. Any and all information given by the individual participant will be held in strict confidence.

Name: _____

Date: _____

Address:

Name parent or guardian and phone contact:

1. Do you have any limiting, temporary or permanent, injuries or disabilities?
_____ **No** _____ **Yes** If yes, please identify and explain:

2. Are you currently taking any medication, prescribed or otherwise?
_____ **No** _____ **Yes** If yes, please identify and explain:

3. Do you have any allergies or adverse reactions to any medications?
_____ **No** _____ **Yes** If yes, please identify and explain:

4. Please add any additional and pertinent information that may influence your participation in any activities at BV:

RELEASE OF LIABILITY: I understand that some BV activities may be physically and emotionally demanding. I affirm that my health is good and that I am not under a physician's care for any undisclosed condition that affects my ability to participate in the adventure programs. I understand that each participant must assume the risk of physical or emotional injury which could arise in these. I release BV and all of their employees and agents (collectively BV) from any and all liability for any injury to me from participation in these activities. This release is valid unless revoked in writing by me/us. If any portion of this agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

(Signature of participant, if over 18)

(Date)

(Signature of parent/guardian, if under 18)

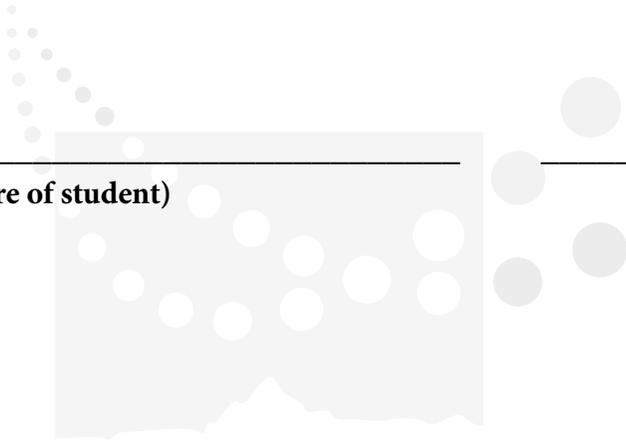
(Date)

For the student participant (if under 18)

I _____ am freely and voluntarily participating in the BV challenge course programs. I understand that such participation can include hazards and injuries inherent in outdoor recreation and am participating in these activities with knowledge of the potential dangers involved.

(Signature of student)

(Date)



BATIAN'S VIEW
EXPERIENCE YOUR POTENTIAL