



Experiential Education & Wildlife

Applicant Information Form and Release of Liability

Disclosure: Waterford Country School, Inc. (WCS) Adventure Programs involve a variety of programs that often include warm-ups, games, group initiative problem solving, high and low ropes course elements, and other rigorous physical adventure activities.

All participants are encouraged to consider his/her personal health and physical condition prior to participation in any program. Such participation involves physical exertion. The participant, being aware of any conditions predisposing him/her to injury or illness, and in consideration of inherent physical exertion, may wish to seek the advice of a physician prior to participation or may choose not to participate at all. The level of participation in these program activities is at all times completely up to the individual. Yet there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury or disability.

A certified member of the Experiential Education staff will supervise each program and will do everything possible to provide a suitable, safe and enjoyable experience. (The Director reserves the right to issue new or modified existing rules or regulations that are deemed essential to the success of the overall program.)

Policy for participation in all WCS Adventure Programs requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. This completed form must be returned to Waterford Country School in order for the individual to be permitted to participate in any activities.

Activity Information

Type of Activity: _____

Date(s) of Activity: _____

Group/Sponsoring Organization: _____

Applicant Information

Name: _____

Date of Birth _____

Name of Health Insurance Company _____

Agent Address _____

Policy # _____



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Do you have any limiting physical disabilities or handicaps (temporary or permanent)? No Yes

If yes, identify and explain _____

Are you currently taking medication (prescribed or otherwise, e.g., cold medicine)? No Yes

If yes, state what you are taking and why _____

Do you have any allergies, reactions to medications, or any other medical special conditions? No Yes

If yes, identify and explain _____

Release of Liability

Each person engaged in recreational equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports, unless the injury was proximately caused by the negligence of the person providing the horse or horses to the individual engaged in recreational equestrian activities or the failure to guard or warn against a dangerous condition, use, structure or activity by the person providing the horse or horses or his agents or employees.

I understand that part of the Waterford Country School Adventure 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 these activities. I recognize the inherent risk of injury in WCS Adventure activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I hereby release Waterford Country School, Inc., its staff members, and Board of Trustees, from all liability for any injury to me resulting from my or my child/ward's participation in WCS adventure activities.

Applicant's Signature: _____ **Date:** _____

Applicant's Address: _____

Home Telephone: () _____

Business Telephone: () _____

I hereby give my permission for my child to participate in the above activity.

Parent/Guardian Signature: _____

(for applicants under age 18)

Relationship to Applicant: _____