

**WICOMICO COUNTY BOARD OF EDUCATION
BEYOND THE LIMITS
APPLICANT INFORMATION FORM AND RELEASE OF LIABILITY
(STUDENT)**

DISCLOSURE

Beyond the Limits is a program that involves a variety of activities that often include warm-up exercises, games, group initiative problems, and low and high ropes course elements. Participation in a Beyond the Limits program activity is always the individual's choice. The participant will agree to follow all safety policies provided by the instructor.

Policy for participation in the Beyond the Limits program requires that every participant have health/accident insurance coverage or waiver. In addition, certain health/medical information must be made know to the facilitator(s) conducting the program so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it to the Beyond the Limits facilitator.

STUDENT INFORMATION

School: _____ Date: _____

1. Name: _____

2. Does your son/daughter have health/accident insurance? Yes _____ No _____

If yes, name and address of company: _____

3. Does your son/daughter have any limiting physical disabilities (temporary or permanent)?
Yes _____ No _____ If yes, identify and explain: _____

4. Is your son/daughter currently taking medication (prescribed or otherwise; e.g., cold medicine)?
Yes _____ No _____ If yes, state what he/she is taking and what condition it is for:

5. Does your son/daughter have any allergies, reactions to medications, or any other medical limitations?
Yes _____ No _____ If yes, identify and explain: _____

RELEASE OF LIABILITY

I understand the program will include trips to the challenge course at Mardela Middle-High School and the climbing wall at Salisbury University. I affirm that my child's health is good and that my child is not under a physician's care for any undisclosed condition that bears upon his fitness to participate in Beyond the Limits activities. I recognize the risk of injury or disability in Beyond the Limits activities. I've been advised that efforts will be made to conduct these activities safely and the safety policies and procedures developed by Beyond the Limits staff, Project Adventure, Inc., and Inner Quest, Inc. will be followed always. I understand that participation in this program is intended to build trust, self-esteem and confidence, group support, and may encourage a sense of responsibility and a spirit of cooperation. I release Beyond the Limits staff, Project Adventure, Inc., Inner Quest, Inc., Wicomico County Government, Salisbury State University, and Wicomico County Board of Education, its schools, teachers, and employees from any liability for injuries or property damage that may occur from my son/daughter's participation in this program and I give my full consent for _____ to participate in this program.

Students Name

Date: _____

Parent/Guardian's Signature

Home Phone

Road/Street/P.O. Box #

Business Phone

City/State/Zip

Student Signature

PHOTO/MEDIA RELEASE

I, _____, understand that Beyond the Limits will take photographs and videotapes of many activities and I grant permission to Beyond the Limits to use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of my son/daughter for use in the classroom and in materials they may create.

Date

Parent/Guardian Signature