

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

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.

ADULT INFORMATION

School/Business: _____ Date: _____

1. Name: _____

2. Do you have health/accident insurance? Yes _____ No _____
If yes, name and address of company: _____

3. Do you have any limiting physical disabilities or handicaps (temporary or permanent)?
Yes _____ No _____ If yes, identify and explain: _____

4. Are you 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. Do you 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 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 Beyond the Limits activities. I recognize the possible 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 that 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 University, and the Wicomico County Board of Education, it's teachers and employees from any liability for injuries or property damage that may occur from my participation tin this program

Date: _____

Signature

Home Phone

Road/Street/P.O. Box #

Business Phone

City/State/Zip

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

Signature