



Release of Liability & Informed Consent

Project Discovery Challenge Programs involve a variety of activities that often include warm-ups, games, group initiative problems, various outdoor high adventure pursuits and low and high ropes course elements. I am voluntarily signing this statement to participate in a Project Discovery Program(s) (PDP) with full awareness and understanding that certain aspects of the PDP may be physically, intellectually, emotionally and socially demanding. I am also aware that these activities involve potential risk of bodily injury and harm as well as the possibility of unexpected consequences, as is true in any outdoor adventure with a group of people.

Therefore, I will only participate in a PDP if there are not any medical, physical and/or psychological conditions that might create undue risk to myself or others who depend on me. I further understand and am committed to the fact that instruction and training are necessary to improve my chances for a safe, accident-free experience. To the extent that I participate in such activities I do so voluntarily and assume full responsibility for any loss and/or inconvenience resulting from any injury to my person and/or property resulting therefrom.

I further agree that should I sustain injury to my person and/or property I agree to hold harmless and release Project Discovery, Inc./ The City of Reno and their respective staffs and agents from any and all liability incurred for any injury to me and/or to my legal dependents from participation in any PDP. Further, I agree that the terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators and for all members of my family including any minors. My signature below also grants Project Discovery the right to use, reproduce, assign and/or distribute photographs, films, video tapes and sound recordings of myself or any minors in my legal care, for the use in Project Discovery marketing and advertising. If I have any pre-existing medical or psychological conditions including allergies which may have some effect on my or others safe participation in a PDP, I further agree to complete the Medical Information Form on the back of this release as well as fully notify staff of this condition. This release is good for one year and covers all Project Discovery Programs.

Participant's and/or legal guardian's signature

Emergency Phone Number _____

Above Name Printed

Date ____/____/____

Minors (under 18 years old) should be listed below. By listing the minors below and signing for them, I am attesting to the fact that I am their legal guardian and am legally authorized to sign for them. Parent/legal guardian must sign above for all persons listed below planning to participate in a PDP.

Name: _____

Name _____

Name: _____

Name _____

Name: _____

Name _____



Medical Information Form

Please complete **ONLY** if you have a pre-existing medical condition

In the space below please list any health or medical insurance programs under which you are currently covered:

Are you allergic to any of the following:

Medications (e.g. penicillin, aspirin, sulfa, etc.) _____

Insect Bites (bees, wasps etc.) _____

Other Allergies (food, grasses, pine pollen etc) _____

Please circle any conditions below which apply to you:

loss of consciousness/seizures

history of mental illness or diagnosed mental condition

retardation, DD, ADD

heart condition

hernia

low/high blood pressure

joint or bone issues

muscle/tendon/ligiment damage

diabetes

back issues

hypoglycemia

other

chronic disease of any kind

history of medical problems

If you circled any of the above please explain how these conditions may effect your participation in the program
