

Individual Participation Liability Release Form



***This 2-sided form must be filled out
by each individual team member**

Information:

There is a dynamic and powerful experience in store for you as a participant in the “Out in the Artdoors” - An Urban Adventure Race. This activity will provide a variety of challenges: physical, intellectual, creative, and social. These challenges are presented as a means by which you and your team may learn new skills, discover abilities you didn’t know you had, or simply amuse you to no end.

While we strive to minimize risk, it is impossible to completely eliminate it. You can increase your margin of safety by paying close attention to safety rules and procedures presented during the race. We encourage you to ask our race leaders to explain any action, direction or process which makes you feel unsure or unsafe. Physical and emotional safeties are the foundation of having a fun filled day.

PARTICIPANT INFORMATION

Team Name _____

Team Contact Person: _____

(Please print your name)

(Daytime phone)

(Home phone)

(Address, City, State, Zip)

(Age)

Insurance Information

Medical Group _____

Group Number _____

Physician & Phone Number _____

Emergency Contacts

(1) _____
(Please print name & phone number)

(2) _____
(Please print name & phone number)

Favorite outdoor activity _____

Favorite way to express yourself artistically _____

Favorite thing about Eugene _____

Please complete the information on the next page

HEALTH HISTORY

You can help us minimize any real risk you may be assuming by participating in the activity by accurately and honestly filling out your health history below. Please note, certain health histories or conditions may require you to alter your participation in order to stay safe.



Please read and respond by circling yes or no and answering the following questions. All information will be kept confidential.

- YES NO Do you or have you ever had a heart condition?
- YES NO Do you have epilepsy and/or ever had a seizure condition?
- YES NO Are you pregnant? How many weeks _____?
- YES NO Have you experienced a stroke or other injury that continues to impair your balance, coordination, depth perception or muscular control?
- YES NO Do you have diabetes?
- YES NO Do you have asthma? Do you have your inhaler with you today? YES NO
- YES NO Do you or have you ever had a back or neck injury? Explain.
-
- YES NO Do you currently suffer from any bone, joint or muscular problem? Explain.
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- YES NO Are you able to stand for extended periods of time?
- YES NO Are you taking any medications, prescription or otherwise, that may affect your balance, strength or vision? Please list them and detail their side effects.
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- YES NO Are you allergic to bee stings or insect bites? Did you bring your antihistamine kit with you today? YES NO
- YES NO Is there any other medical or physical information that you feel staff should know about? If yes, explain.
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- YES NO Is there any accommodation that you may require? If yes, explain.
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Assumption of Risk and & Liability Release

In consideration of the right to participate in this activity, I release any and all claims for damages and losses suffered by me or my minor child as a result of said participation against the City of Eugene and any officers or agents thereof. I further understand that there are certain risks inherent in this physical activity and I hereby agree to assume these risks on my behalf or on behalf of my minor child and to hold harmless the City of Eugene and their agents. I have read and understand the above.

(Signature)

(Date)

(Signature of parent or guardian)

(Date)

Please complete the information on the next page