

**ACKNOWLEDGMENT AND RELEASE
STARR COMMONWEALTH
ADVENTURE EDUCATION PROGRAM**

Participant's Name: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____
E-mail: _____

In Case of Emergency, notify:

Name: _____
Address: _____
Telephone: _____

Allergies: _____

Current Medical Conditions: _____

Current Medications: _____

Family Doctor: _____

In consideration of the opportunity to participate in the Adventure Education Program activities offered by Starr Commonwealth, the undersigned participant (or the parent or legal guardian of a minor participant) has executed this acknowledgment and release.

I acknowledge that the above information is accurate and complete and that there is no health condition, either physical or mental, or circumstance which would affect my participation, or would involve risk to myself or other participants, in an adventure activity at Starr Commonwealth. I acknowledge that I should consult with a physician before engaging in strenuous physical activity.

I acknowledge that I have the right to request to receive and review the Notice of Privacy Policy (HIPPA) which provides information about how Starr Commonwealth may use or disclose this health information.

I acknowledge that the activity involves risk of physical injury or even death. I understand that neither Starr Commonwealth nor its employees or agents make any representations concerning my skill development or proficiency in the adventure activity.

The undersigned hereby grants permission for emergency medical care should it be needed.

I (or the party executing this document on behalf of a minor participant), assume all responsibility for any personal injury or loss suffered by the participant and hereby release Starr Commonwealth, its agents and employees, from any and all claims, damages or liability for such injury or loss arising from participation in the Adventure Education Program.

Date: _____ Participant Signature: _____

Parent or Guardian Signature: _____

(If participant is under 18 years of age)

Relationship: _____

Address: _____

Telephone: _____

Photographs and video images of Starr Commonwealth clients may be taken during your program and used to illustrate Starr Commonwealth's work on behalf of children and families.

Please Check one:

Yes, you may use my image: _____

No, you may not use my image: _____