

APPLICATION CHECKLIST

Please complete **all items** on this checklist and return it with your application materials.

Items to **submit** by your application deadline:

- ☐ Medical Form (4-pgs)
- ☐ Liability Release (2-pgs)
- ☐ Applicant profile (4-pgs)
 - ☐ Participant section
 - ☐ Parent section (if applicable)
- ☐ Supplemental Medical Forms (if applicable)

I have **read and understand** all portions of the following:

- ☐ Cancellation & Admissions Policy (**linked on applications material page**)

☐ **The following can be found on the Prepare For Your Course page online:**

- ☐ Itinerary (specific to your course)
- ☐ Packing List (specific to your course)
- ☐ Physical Preparation Guidelines
- ☐ Attending Outward Bound

Please initial:

Student_____ **Parent**_____

Additional Information to provide:

Shoe Size _____ ☐ Men's ☐ Women's

Participant Signature

Parent Signature (if applicant is under 18)



OFFICE USE ONLY

FOLLOW-UP

APPROVAL

PART I – GENERAL INFORMATION

PROGRAM/COURSE NUMBER: _____ START DATE: _____

Applicant

Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Miss ☐ Other: _____

Name: _____ Age at Program Start: _____ DOB: _____

Address: _____ Height: _____ ft. _____ inches Weight: _____ lbs.

City/State/Zip: _____ Sex identified as: ☐ Male

Home Phone: _____ ☐ Female

Cell Phone: _____ ☐ _____

E-mail: _____ Occupation: _____

Parent/Custodial Guardian 1

(if applicant is under the age of 21)

Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Miss ☐ Other: _____

Name: _____

Relationship to Applicant: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Parent/Custodial Guardian 2

(if applicant is under the age of 21)

Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Miss ☐ Other: _____

Name: _____

Relationship to Applicant: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Emergency Contact (other than parent/guardian if the applicant is under the age of 21)

Name: _____

Relationship to Applicant: _____

Home Phone: _____

Cell or Work Phone: _____

Ethnic Background (optional)

- | | | |
|---|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian (Non-Hispanic) | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Multi-Ethnic | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Do Not Know Ethnicity |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> African American | <input type="checkbox"/> Other: _____ |

SIGNATURE REQUIRED Consent is hereby given for the applicant to attend an OUTWARD BOUND program and permission is given for any emergency anesthesia, operation, hospitalization or other treatment (whether for an emergency or not) which might become necessary. I agree to be responsible for any and all costs associated with such treatment, including the costs of evacuation, if any. All information will be kept confidential except that information may be disclosed to any medical or other provider as needed for my (or my child's) care. If Outward Bound arranges for treatment for me (or my child) by a medical provider, I authorize that medical provider to release information about me (or my child), and my (or my child's) condition and treatment to Outward Bound. Over the years, many students with a variety of medical and psychological difficulties have successfully completed our programs, but we must be aware of these conditions. **Failure to disclose such information could result in serious harm to you (or your child) and fellow students. I understand that I (or my child) may be in remote areas, several hours or days away from any medical facility or where communication, transportation, or evacuation is subject to delay.** If you (or your child) arrive at the program start with a pre-existing medical, behavioral or psychological condition which is not indicated on your medical form and you are subsequently unable to participate fully or are forced to leave the program because of that condition, you may be charged an evacuation fee and may not receive a refund of tuition.

Applicant's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

(Required if applicant is under the age of 18 OR if applicant is a resident of Alabama and is under the age of 19 OR if applicant is a resident of Mississippi and is under the age of 21.)

PART II PARTICIPANT HISTORY: PAST AND PRESENT MEDICAL PROBLEMS

Do any of the following apply to you? If YES check the box next to the item and provide details in the spaces below. Include the following:

- Specific symptoms that are occurring
- How often symptom/condition occurs

- How long symptom/condition lasts
- How you care for symptom/condition

- Date of last occurrence
- Any restrictions

CONDITION	SYMPTOMS/RESTRICTIONS
<input type="checkbox"/> High Blood Pressure	
<input type="checkbox"/> Heart Disease	
<input type="checkbox"/> Heart Murmur	
<input type="checkbox"/> Irregular Heartbeat / Palpitations	
<input type="checkbox"/> Chest Pain / Pressure	
<input type="checkbox"/> Circulation Problems	
<input type="checkbox"/> Frostbite	
<input type="checkbox"/> Heatstroke	
<input type="checkbox"/> Frequent Dizziness / Fainting	
<input type="checkbox"/> History of Altitude Sickness	
<input type="checkbox"/> Severe Headaches / Migraines	
<input type="checkbox"/> Head injury with neurological impairment	
<input type="checkbox"/> Tuberculosis / Positive TB test	
<input type="checkbox"/> Asthma or COPD	
<input type="checkbox"/> Active or History of Hepatitis	
<input type="checkbox"/> Lyme Disease	
<input type="checkbox"/> Seizure Disorder / Epilepsy	
<input type="checkbox"/> Seizure within past 6 months	
<input type="checkbox"/> Bleeding / Blood Disorder	
<input type="checkbox"/> Sickle Cell Anemia	
<input type="checkbox"/> Sickle Cell Trait	
<input type="checkbox"/> Hypoglycemia (low blood sugar)	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Cancer	
<input type="checkbox"/> Thyroid Problems	
<input type="checkbox"/> Gastro-intestinal Problems	
<input type="checkbox"/> Special Diet	
<input type="checkbox"/> Food Allergies	
<input type="checkbox"/> Kidney Problems	
<input type="checkbox"/> Urinary Tract Problems	
<input type="checkbox"/> Bedwetting	
<input type="checkbox"/> Orthopedic Problems	
<input type="checkbox"/> Broken Bones within past year	
<input type="checkbox"/> Hearing Impairment	
<input type="checkbox"/> Vision Impairment	
<input type="checkbox"/> Skin Problem	
<input type="checkbox"/> Motion Sickness	
<input type="checkbox"/> Sleep Walking	
<input type="checkbox"/> PMS/Menstrual Problems (severe)	
<input type="checkbox"/> Currently Pregnant	
<input type="checkbox"/> Medical Equipment/ Devices	
<input type="checkbox"/> Other	

A. ALLERGIES Include allergies to medicine, foods, insect bites/stings, environmental, etc.

Allergy List Below	Reaction List Below	Medication Required (if any)

B. MEDICATIONS YOU ARE CURRENTLY TAKING If psychiatric medication, please list any medications taken or changed within the past 3 months. Also list any over-the-counter, inhalers, herbal supplements, etc.

Medication List Below	Taken For Symptom/Condition	Dosage Size/Frequency	Date Started	Current Side Effects

NOTE: If you are taking prescription medications, you **MUST** bring them in ORIGINAL PRESCRIPTION BOTTLES with the physician's dosage directions. If possible, bring a double supply. Any changes to the above noted medications or dosages, please contact Outward Bound.

C. HOSPITALIZATIONS/EMERGENCIES Please list any hospital, psychiatric, or urgent care visits within the past 1 year.

Date of Visit/Admittance	Reason	Length of Stay

D. BLOOD PRESSURE

Blood Pressure: _____ Date Taken: _____ (Must be within 1 year of course start)

Blood pressure may be taken with apparatus at a local grocery or drug store.

E. IMMUNIZATIONS

We recommend that all of our participants have a current tetanus immunization (within 10 years).

F. PERSONAL HISTORY based on the past year.

Do any of the following apply to you? If YES check the box next to the item and provide details on the spaces below.

- | | |
|---|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Bipolar Disorders |
| <input type="checkbox"/> Depressive Disorder | <input type="checkbox"/> Disruptive and Conduct Disorder |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Obsessive-Compulsive Disorder |
| <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> Schizophrenia Spectrum Disorder |
| <input type="checkbox"/> Substance Related Disorder | <input type="checkbox"/> Trauma and Stressor Related Disorder |
| <input type="checkbox"/> Other _____ | |

Have you received treatment or therapy for any of the above, either currently or in the past year? If YES check the box next to the item and provide details on the spaces below.

- | | |
|---|--|
| <input type="checkbox"/> Medication(s) | <input type="checkbox"/> Residential Treatment |
| <input type="checkbox"/> Out Patient Counseling | <input type="checkbox"/> Psychiatric Hospitalization |
| <input type="checkbox"/> Day Treatment | |

Describe: _____

Describe: _____

If you checked any of the above, please provide the following information for your therapist and/or prescribing physician:

Prescribing Physician Name: _____	Therapist Name: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
Email: _____	Email: _____

G. LIFESTYLE

Do any of the following apply to you? If YES check the box next to the item and provide details on the spaces below. **Include dates, amounts, reasons, etc.**

- | | |
|---|-------|
| <input type="checkbox"/> Do you use alcohol? | _____ |
| <input type="checkbox"/> Do you use tobacco? | _____ |
| <input type="checkbox"/> Do you use recreational drugs or marijuana? | _____ |
| <input type="checkbox"/> Do you have a history or current problem with substance abuse or dependency? | _____ |
| <input type="checkbox"/> Have you been suspended or expelled from school in the past year? | _____ |
| <input type="checkbox"/> Have you been on probation or had any involvement with the justice system? | _____ |

H. CURRENT EXERCISE ACTIVITY List your current physical activity (if any). You will be expected to engage in rigorous physical activity during your Outward Bound experience. It is vital that you start (or continue) a physical fitness routine in preparation for the program!

Activity	Frequency	Time/Distance	Leisurely	Moderately	Intensely

I. SWIMMING ABILITY (CHECK ONE)

- ☐ Non-Swimmer
 ☐ Weak Swimmer
 ☐ Moderate Swimmer
 ☐ Strong Swimmer



Outward Bound Application – Teen & College

Instructions

Please review the following steps and get started as soon as possible. **Your completed application is due TWO WEEKS from the date that you enroll and includes the pages in this document and the documents provided by the Student Services department.** Individuals who apply less than three weeks from course start may be required to return materials in as little as 24 hours. Some applicants may be required to get a physical exam or have their doctor or counselor complete forms, so please take these materials to the provider immediately.

If you are applying on behalf of your child, it is best to complete these forms together.

1. READ:

- a. Itinerary (specific to your course)
- b. Packing List (specific to your course)
- c. Physical Preparation Guidelines
- d. Attending Outward Bound
- e. Boot Guide
- f. Payment, Cancellations & Admissions Policies

2. COMPLETE & RETURN your Application. The Application includes:

- a. All of the pages in this document (excluding the instructions)
- b. Confidential Medical Record
- c. Liability Release Form - Please read through, sign and return **BOTH** pages

Please see the next page for how to return your forms.

3. We will email or call with the status of the application

4. PHONE INTERVIEW

As part of the application process we will also contact you to arrange a brief informational phone call/interview to address any questions that you may have and discuss your health, motivation, and physical preparation.

5. PLEASE WAIT to hear our decision on your application –We will either notify you via an “Approval Email” that you have been accepted or based on your health and fitness, we may deny admission to some applicants. Approximately 5% of our applicants are for safety-related reasons, not accepted to attend. Over the years we have served many thousands of individuals with a wide variety of medical histories and personal backgrounds. While we are committed to making Outward Bound available to as many people as possible, we recognize that some individuals may be better served by attending an Outward Bound course at a later date or by attending another program.

6. AT 90 DAYS, PAY IN FULL any remaining tuition and fees. Full tuition is due 90 days prior to course start regardless of whether you have been approved for course or whether the course has met its minimum enrollment. Please see the Cancellations & Admissions Penalties packet for more details.

7. WAIT to hear from us regarding your course enrollment status before making travel plans. On rare occasions courses may be cancelled due to low enrollment.



NOTE: Please make sure you have completed each question on each form (i.e. write N/A so we know you have not overlooked the question). **Incomplete sections will delay the review process and we will require you to complete them prior to reviewing your application.** Our review process is designed to assess each applicant from a variety of perspectives and is intended to facilitate successful experiences for our students. The information you provide is not only vital to our ability to assess your (or your child's) application but is also vital to our ability to deliver a high-quality wilderness expeditions.

Information on Completing and Returning Your Forms

Our forms are all available in PDF format. Most are fillable and can be completed digitally, while others will need to be printed and filled out by hand. Once you have completed your forms you may return them using one of three options:

- 1) Email (*preferred*)
- 2) Fax
- 3) Or Mail

Please note that we receive faxes electronically and appreciate any effort to ensure that pages are right side up and in the correct order. Please contact us if you have any problems submitting your forms.

Outward Bound California
Student Services Department
Monday-Friday, 9am-5pm Pacific Time

Mailing Address:
1539 Pershing Drive
San Francisco, CA 94129

Phone: (415) 933-6222
Fax: (866) 404-1510

Please see your Registration Email for your Student Services representative's email address.



Applicant Profile

Applicant Name: _____ Course #: _____

This section must be completed by the Applicant, not a Parent or Guardian.

☐ I have attended Outward Bound before ☐ I have not attended Outward Bound before

1. **Why are you interested in attending Outward Bound?** If this course is not your idea, please explain whose idea it is and why.

2. **Please list five words you would use to describe yourself.**

1. _____
2. _____
3. _____
4. _____
5. _____

3. **What three things are you most looking forward to about your Outward Bound course?**

If you have not yet read the Itinerary Overview please do so now prior to answering this question.

4. **What do you expect to be the most difficult aspect of the course for you?**

5. **What are your personal goals for the course?**

6. **Are you committed to positive self-care?** ☐ YES ☐ NO

This includes staying hydrated by drinking an average of 4 quarts of water per day, eating enough food, applying sunscreen multiple times per day, and following all directions given by instructors.

7. **Outward Bound courses can be very physically challenging. What are you doing now to prepare for your course both mentally and physically?**

8. **Many people underestimate how difficult a course can be physically, mentally and socially. What will be your motivation to not give up and to keep pushing on when the course gets hard?**



Applicant Profile (cont.)

9. Is there anything worrying you or that you can think of that would make you need to leave the course early (medical condition, orthopedic issue, etc.)?
10. Please describe your comfort level on a scale of 1-10 for each activity you will be doing on course:
- a. Backpacking
 - b. Rock Climbing
 - c. Mountaineering
11. Many Outward Bound courses include a service project or element. Have you ever participated in community service or volunteering? If yes, what did you do?
12. On a scale of 1 to 10, how motivated are you attend this course?
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
(I will not participate) (I will work through any challenge)
13. How are you feeling about attending (please check one or more)?
- Angry ☐ Nervous ☐ Not Sure ☐ OK ☐ Ready ☐ Excited ☐
14. Do you have other questions about your course (typical day, clothing list, activities, feeling unsure) that you would like to speak to Outward Bound about prior to your course?
- YES ☐ NO ☐

We have a variety of videos and pictures on the website for you to review and get a better idea of what a course is like. Please take some time to check these out: <http://www.outwardbound.org>



Parent Section

Applicant Name: _____ **Course #:** _____

Parents/Legal Guardians:

Outward Bound is an ideal choice for motivated, fit teens that are ready for a physically and mentally challenging experience. We recognize, however, that not all kids are in exactly the same place. Many are ready and willing to attend but some may change their minds when they get here. Some will excel and some will struggle. Our instructors work to balance the pursuit of individual and team success. We encourage you to find an hour or two together to go over all the materials provided with your child.

Person completing this form: _____

Your Relationship to Participant: ☐ Parent ☐ Guardian ☐ Other

There are many family structures and living arrangements. It is helpful to have an accurate picture of the family relationships, guardianships, custody issues, and who is paying for the course. This information may offer perspective on serving your child on course or may help us understand who to contact in the event of an emergency. Are there other adults, step-parents or partners? ☐ YES ☐ NO

Please list below with phone and email.

1. _____
2. _____
3. _____
4. _____

Which statement best describes the applicant's living situation?

Lives with both parents ☐ Shared custody ☐ Single Parent full custody ☐
One parent deceased ☐ In Foster Care ☐ Adopted ☐

Who is paying for the course? _____

1. Please describe any other relevant information regarding your family (i.e. recent deaths of friends or family, divorces, moves or other changes).
2. What are you hoping your child will gain from an Outward Bound course?
3. Have you discussed the course with your child? What are your child's thoughts about going on an Outward Bound course?



4. What led to the decision for your child to participate in an Outward Bound course? Whose idea was it?
5. Does your child make friends easily? How do they relate to peers?
6. What are you most proud of about your child?
7. Outward Bound is physically and emotionally challenging and involves learning to work cooperatively with a group of strangers. It is NOT a recreational summer camp and should in no way be considered a vacation. Knowing this, what are three things you can do help your child to prepare for course?
8. Is there any other information you feel would be helpful to our staff when working with your child?
9. On a scale of 1-5, with 5 being the largest, how would you rate your child's appetite?
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Signatures –

I understand that I (or my child) may be in remote areas, several hours or days away from any medical facility or where communication, transportation, or evacuation is subject to delay.

The information I have provided is accurate and complete. I have read all of the course and Outward Bound information; I understand the application, cancellation and expulsion policies and related penalties as explained in the Cancellation and Admissions Policies document I received when I requested my application. I understand that Outward Bound will be physically and emotionally challenging, involves living with a group of diverse participants, and is NOT a recreational summer camp and should in no way be considered a vacation. I am ready to take on the challenge of Outward Bound.

I am willing to:

- Engage each day as a full participant and try my best throughout the course.
- Follow Outward Bound safety procedures and environmental practices as explained by my instructors.
- Be a reliable team member and act respectfully towards other students and my instructors.
- Live up to the expectation that I neither bring, obtain, nor use tobacco, alcohol or illegal drugs.
- Refrain from sexual activity and/or socially exclusive behavior.

Do you consent? Yes No

Do you consent? Yes No

Applicant's Signature & Date

Parent/Legal Guardian (if participant is under 21) & Date

OUTWARD BOUND
PARTICIPANT ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS and
LIABILITY RELEASE AND INDEMNITY AGREEMENT

In consideration of the services of Outward Bound California, and its chartering organization, Outward Bound, Inc., and its affiliated Outward Bound Services Group, (collectively referred to as “OB”), participant (and parent or legal guardian of a minor participant) acknowledges and agrees as follows:

Acknowledgment and Assumption of Risks

I understand that participant (and parents) share(s) the responsibility for participant’s safety, for managing the risks, and for determining the participant’s suitability for the program in which he/she will participate. I have accurately completed any required OB application and medical forms and have reviewed all OB program information provided to me. I agree to obey all OB rules, regulations, and policies (and have my child obey them). I have (or my child has) no mental or physical problems or limitations that might affect my (or my child’s) ability to participate that have not been disclosed to OB in writing. I have had the opportunity to ask questions about the program activities and the risks of the program in which I (or my child) will participate.

I understand and acknowledge that the program(s) in which I (or my child) will participate has risks and may be physically strenuous. It is impossible to anticipate every activity in which I (or my child) will engage. Outward Bound offers numerous courses with a wide variety of activities. The list below includes many of those activities. The activities in my (or my child’s) course will depend on the program in which I am (or my child is) enrolled but may include: hiking, backpacking, skiing, snowboarding, dog sledding, and/or snowshoeing (on and off trail); camping, including cooking over stoves, open fires or by other means; ropes and/or challenge courses (traversing ropes suspended off the ground, potentially at great heights, swinging or traveling by a cable and pulleys and other such activities); rock, wall or tower climbing; physical problem-solving activities; water activities including flat water or white water boating, rafting, canoeing, or kayaking; ocean sailing or sea kayaking; surfing, snorkeling, or swimming; river crossings; bicycling (including mountain biking); mountaineering (snow, glacier or ice travel or travel at high altitude); horseback riding; jogging or stair climbing; vehicle travel and travel by public, chartered or other conveyance; rescue scenarios (real or simulated); community and other service projects that may involve using tools, power equipment, ladders, or construction materials. I understand that I (or my child) may engage in other activities not listed above. The program plan may be modified for any number of reasons, including convenience, weather, emergencies, or unexpected conditions. Activities may take place in the United States or in foreign countries and may be supervised or unsupervised. In particular, participants may have time alone in remote areas. Participants may also be in urban or other areas with exposure to individuals who are not under OB’s supervision or control.

It is impossible to know or list every risk associated with every activity. Risks will depend on the program. Some, but not all, of the risks I (or my child) may encounter include: unpredictable or harsh weather; earthquakes; lightning; exposure to extreme temperatures (high heat or extreme cold); exposure to high altitude, avalanches and rock fall; rapidly moving water including whitewater and rough seas; drowning; wild animals and marine life; disease carrying or poisonous plants, insects, animals, and marine life; improper or malfunctioning equipment; slipping, falling or being struck by objects or persons; risks caused or complicated by any mental, physical, or emotional conditions any participant may have; being separated from other participants and leaders for considerable periods; physical contact with other participants or other individuals; and other natural or man-made hazards. Another risk is the potential misjudgment by OB instructors, volunteers, other staff members, co-participants or contractors related to my (or my child’s) participation, including but not limited to decisions regarding my (or my child’s) physical condition and capabilities, weather, water, terrain, route or medical treatment. All of these risks are inherent to the activities in my OB program, which means that they cannot be changed or eliminated without altering the essential elements of the activity.

I acknowledge that participating in an OB program involves inherent risks and other risks, hazards, and dangers including some not listed above that can cause or lead to death, injury, illness, property damage, mental or emotional trauma, or disability. Furthermore, activities may take place several hours or days from any medical facility or where communication, transportation, or evacuation is subject to delay. I understand that OB cannot ensure my (or my child’s) safety and does not seek to eliminate all of these risks, in part, because they facilitate the educational and other objectives of the program. I agree to assume all of the risks of the activities of my (or my child’s) OB program, whether inherent or not and whether described above or not.

Liability Release and Indemnity Agreement

I hereby forever release, waive, and discharge OB, and each of its respective agents, employees, officers, directors, trustees, independent contractors, volunteers, and all other persons or entities acting under

their direction and control (collectively referred to as “the Released Parties”) from, and agree not to pursue a claim or sue the Released Parties or any of them for, any liability, claim, or expense in any way associated with my (or my child’s) enrollment or participation in the OB program or the use of any equipment or facilities. Neither I nor anyone acting on my (or my child’s) behalf will make a claim against the Released Parties as a result of any injury, illness, damage, death, or loss. This release includes any losses caused or alleged to be caused, in whole or in part, by the negligence, whether active or passive, of the Released Parties to the fullest extent allowed by law (but not for gross negligence) and includes claims for injury, property damage, wrongful death, breach of contract, or any other type of suit.

I further agree to defend and indemnify the Released Parties (to pay or reimburse the Released Parties for money they are required to pay, including attorney’s fees and costs) with respect to any and all claims brought by or on behalf of me, my child, a family member, personal representative, estate, a co-participant, or any other person for any claims related to my (or my child’s) enrollment or participation in the program or my (or my child’s) use of equipment or facilities, including claims that OB instructors, staff, or volunteers were negligent. This indemnity includes payment for attorney’s fees and costs incurred by the Released Parties in defending a claim or suit if the claim or suit is withdrawn or where a court determines that the Released Parties are not liable for the injury or loss.

The National Park Service and certain Forest Services may not allow for the assumption of risks other than the inherent risks or for the release of liability for claims of negligence. Therefore, for activities that occur on lands controlled by these agencies where and to the extent that such a prohibition is in writing for that particular location, program, or permit at the time of the incident and found by a court of proper jurisdiction to be enforceable as a matter of law, the assumption of risk in the above paragraph is limited to assuming the inherent risks; the release of liability is inapplicable; and the indemnity agreement is limited to claims brought by or on behalf of a co-participant or person other than the student or a family member of the student. The assumption of all risks, the entire indemnity provision, and the release of liability shall remain in full force and effect for all activities or any portion of activities which do not transpire on lands controlled by these federal provisions. The indemnity provision for payment of attorney’s fees when a suit is withdrawn or where a court determines that the Released Parties are not liable applies to all activities regardless of where they take place.

Additional Provisions

I agree that the substantive law of California (but not any law that would apply the laws of another jurisdiction) governs this document and any dispute or suit I have (or my child has) with the Released Parties. Any mediation, suit, or other proceeding must be filed or entered into only in California.

The assumption of risk, release, indemnity agreement, and all other provisions in this document are intended to be interpreted and enforced to the fullest extent allowed by law. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions, which shall continue in full force and effect. OB has permission to use my (or my child’s) photo or image for sale or reproduction in any manner it desires, including advertising or display. OB reserves the right to remove any participant from the program when staff or an instructor believes, in his/her sole discretion, the participant presents a safety concern or medical risk, is disruptive, or acts in any manner detrimental to the program. If I am dismissed or depart (or my child is dismissed or departs) for any reason, I will be responsible for all costs of early departure whether for medical reasons, dismissal, personal emergencies, or otherwise.

I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT. I UNDERSTAND THAT I AM SURRENDERING CERTAIN LEGAL RIGHTS. I AGREE THAT THIS FORM SHALL BE BINDING ON ME, MY MINOR CHILDREN AND OTHER FAMILY MEMBERS, AND MY HEIRS, EXECUTORS, REPRESENTATIVES, AND ESTATE. I HEREBY WARRANT THAT I HAVE LEGAL AUTHORITY TO ACT ON MY CHILD’S BEHALF. I AGREE, ON MY OWN, AND ON MY CHILD’S BEHALF, TO THE TERMS AND CONDITIONS IN THIS DOCUMENT.

If participant is under the age of 18 (or if participant is a resident of Alabama and is under the age of 19) (or if participant is a resident of Mississippi and is under the age of 21) at the time this document is signed, a parent or legal guardian must sign the release in addition to the participant signing.

Participant signature

Date

Print name here

Date of Birth and Age

Parent or Legal Guardian signature

Date

Print name here