

Morse Hill Outdoor Education Center, Inc.  
**Non-Adult Participant - Emergency Info with Group Leader**  
**Confidential Information, Waiver and Release of Liability**

Morse Hill Outdoor Education Center programs are for those in reasonably good health and incorporate a variety of activities from games and low ropes initiatives, water activities to high ropes, etc. Each participant may choose the level of his or her participation realizing that, although safety is a high priority at Morse Hill, there is a risk of physical injury that they must assume. Please complete the following questionnaire prior to your participation. This information will be used to inform staff of any pre-existing condition. The group will have all other medical information necessary for your child's safety while at Morse Hill.

Group name, Leader, Age Group, \_\_\_\_\_

Event Date \_\_\_\_\_

**General And Emergency Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

Email (to receive Morse Hill info) \_\_\_\_\_ Phone # \_\_\_\_\_

Number to Call in Case of Emergency \_\_\_\_\_ Name \_\_\_\_\_

**Medical Information**

Explain any medical conditions injuries or disabilities (permanent or temporary) that you or your doctor feel would limit your participation in Morse Hill's programs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emotional conditions or fears

\_\_\_\_\_  
\_\_\_\_\_

**Waiver and Release of Liability**

I understand that Morse Hill Outdoor Education Center does not provide accident or hospitalization insurance for any program participants. I also understand that all participants are strongly advised to have adequate personal coverage and that participation in all programs shall be at my or my child's own risk.

I recognize the inherent risk of injury or disability associated with Morse Hill's activities and I agree to assume that risk for my child or me. I further agree to follow all of Morse Hill's safety instructions. I hereby release Morse Hill Outdoor Education Center, Inc., its staff members, volunteers, and Board of Directors from all liability for any injury to my child or me from participation in Morse Hill activities. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary.

I understand that failure to answer this questionnaire in a full and comprehensive manner could affect my child's or own safety as well as that of others, and therefore I affirm that the information herein is accurate and complete. I agree to hold Morse Hill Outdoor Education Center harmless if full disclosure of a pre-existing medical condition has not been made.

Date: \_\_\_\_\_

Signature of Parent or Guardian (if Participant is under 18 years of age): \_\_\_\_\_

Or type your name and check the box if you agree to the terms of the above release of liability

If you do not want photographs that may have you or your child in them to appear on our web site or in advertising please tell your facilitator and sign your name below.