

Indian Mountain Adventure, Inc.

P. O. Box 587 * Lakeville, CT. * 06039 * (860) 435-0331
Cell: (860) 307-6140 * Fax: (860) 435-2936

INSURANCE ADMINISTRATION Participant Information and Release of Liability

DISCLOSURE: Indian Mountain Adventure, Inc. (IMA, Inc.) programs involve activities that include, but are not limited to, warm-up games, initiatives, low and high ropes course activities, and other adventure education activities. At all times, levels of participation are the individual's choice. Statistics show that adventure activities have accident rates that are far below other associated activities, such as general physical education classes. Yet, there is a risk, however slight, to be assumed by each participant, he/she may suffer an emotional and/or physical disability.

IMA, Inc. policy requires that each participant have health/accident insurance coverage, that pertinent medical information is made known, and a release of liability is signed. Any information given by the individual participant will be held in strict confidence.

NAME: _____ DATE: _____ SS#: _____

Address: _____ Telephone #: () _____

DOB _____

Name of health accident insurance carrier and policy #: _____

1. Do you have any limiting, temporary or permanent, injuries or disabilities? YES ____ NO ____

If yes, please explain: _____

2. Are you currently taking any medication, prescribed or otherwise? YES ____ NO ____

If yes, please explain: _____

3. Do you have any allergies or adverse reactions to medications? YES ____ NO ____

If yes, please explain: _____

4. Please add any additional pertinent information: _____

(OVER)

5. Please check yes or no:

Do you have or have you had any history of:

	YES	NO
Heart disease	_____	_____
Diabetes	_____	_____
High blood pressure	_____	_____
High blood cholesterol	_____	_____
Seizures	_____	_____
Fainting or dizziness	_____	_____
Asthma	_____	_____

If yes, please explain completely: _____

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RELEASE OF LIABILITY: I understand that some IMA, Inc. activities may be physically and emotionally demanding. I affirm that my health is good and that I am not under a physician's care for any undisclosed condition that affects my ability to participate in the adventure program. I understand that each participant must assume the risks of physical or emotional injury which could arise in the activities. I release IMA, Inc., its staff members and directors from all liability for any injury to me from participation in these activities. I also release the institution that owns the facilities which are being used for this program, its staff members and directors from all liability for any injury to me from participation in these activities.

(signature of participant, if over 18)

(date)

(signature of parent/guardian, if under 18)

(date)

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