



The Irvine Ranch Outdoor Education Center Waiver of Liability and Indemnity Agreement

Participant Information

Name:	
Address:	
Home Phone:	Cell Phone:
Emergency Contact:	Emergency Contact Phone:
Insurance Company Name:	Insurance Phone Number:
Insurance Policy Number:	

The undersigned _____ (**hereafter referred to as the “participant”**), requests to be allowed to participate at The Irvine Ranch Outdoor Education Center (hereafter referred to as the “IROEC”) in the Program Activities (hereafter referred to as “the activities”). This agreement shall remain in effect until the IROEC receives written notice of the cancellation of the consent or until the end of the activities. In return for the participant being permitted to take part in the activities and to use the facilities and property of the IROEC, each of us makes the following promises and warrants the truth of the following facts:

1. I am familiar with the programs included in the activities, and I understand the employees of the IROEC are available to discuss the activities if I should wish additional information. I also understand I am solely responsible for my arrival and departure at the beginning and end of each day’s program. I will not remain on the premises of the IROEC before or after each day’s program without appropriate supervision or the written permission of the IROEC. I agree the IROEC will have no responsibility for the supervision of me at times other than during the scheduled activities.

I will cooperate with, and follow the direction of the persons in charge of the activities, and to act in a manner consistent with the spirit of good sportsmanship and respect for the rights and property of others.

[Please initial to indicate you have read this paragraph. _____]

2. I am in good health, and I know of no reason why I would be incapable of participating in the activities. I know how to swim. I will immediately notify the designated IROEC supervisor if a change in my health or other condition would affect my ability to participate in the activities.

[Please initial to confirm your confidence in their ability. _____]

3. **WAIVER OF LIABILITY:** I waive and release any right I, my heirs, distributees, guardians, legal representatives, and assigns may have or acquire to make a claim against, sue, attach the property of, or prosecute employees and affiliated organizations, specifically the Orange County Council Boy

Scouts of America and the County of Orange (herein referred to as "the releasees") for monetary damages caused by injuring myself arising from my participation in the activities and the use of the facilities and property of the IROEC, whether or not the injury or damage results from the negligent acts or omissions, except intentional acts, of any of the releasees.

[Please initial to indicate you have read this paragraph. _____]

4. ASSUMPTION OF RISK: I accept any and all risks to myself of injury, death and property damage arising from participation in the activities and the use of the facilities and property of The Irvine Ranch Outdoor Education Center, whether or not caused by the negligent acts or omissions, except intentional acts, of any of the releasees.

[Please initial to indicate you have read this paragraph. _____]

5. INDEMNITY AGREEMENT: I agree to indemnify and hold the releasees harmless from any loss, liability, damage, or cost, including reasonable attorneys fees, that may occur due to my participation in the activities and use of facilities whether or not such loss, liability, damage, or cost results from the negligence or other action, except intentional acts, of any of the releasees.

[Please initial to indicate you have read this paragraph. _____]

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES A WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASEES, AND I SIGN IT OF MY OWN FREE WILL.

Participant's signature* _____ Date _____

*If the participant is under age 18, his or her parent or guardian must also sign below:

Parent's or guardian's signature _____ Date _____

HEALTH HISTORY

Name of Family Physician/Christian Science Practitioner:

Address: _____ City: _____ Zip: _____ Phone: _____

Insurance Co. _____ Policy No.: _____

Has your child ever been treated for:

Heart Trouble: _____ Asthma: _____ Epilepsy/Seizures: _____

Hemophilia: _____ Diabetes: _____ ADD/ADHD: _____

High Blood Pressure: _____ Cancer/Leukemia: _____

Kidney Disease: _____

Any Vision or Hearing Defects: _____ Does he/she wear contact lenses: _____

Date of last physical examination: _____

List any Physical or Behavioral conditions that may affect/limit participation in IROEC activities:

List any allergies (medications, bee stings, etc.): _____

List any medications currently taking or recently stopped taking: _____

Give Date of Last Inoculation for: Tetanus _____ Pertussis _____ Mumps _____
Polio _____ Diphtheria _____ Measles _____ Rubella _____

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

Participant's signature* _____ Date _____

*If the participant is under age 18, his or her parent or guardian must also sign below:

Parent's or guardian's signature _____ Date _____

CHALLENGE COURSE

If you are participating in low or high ropes, including zip line, please read below.

You are about to take part in a challenge ("ropes") course experience and or climbing/rappelling ("activity") offered through the _____ Council BSA ("local council") on _____ (date).

While participating in the activity you will undertake a wide variety of physical and mental challenges that are comparable to activities with which you may be more familiar. Much of the time, you will be engaged in activity of "moderate exertion," which is comparable to normal walking, golfing on foot, raking leaves, calisthenics, or slow dancing. For short periods of time, you will be engaged in activity of "vigorous exertion," which is comparable to fast walking, slow jogging, heavy gardening, or shoveling snow.

If any of the above activities are difficult for you, discuss your participation in the activity with your physician. If these are activities in which you regularly engage without difficulty, you should be fit for participation in the program.

Following are specific medical conditions about which participants should always seek the advice of a physician before participating in the activity:

- Pregnancy (climbing harness can injure uterus)
- Kidney or liver transplant (climbing harness can injure transplanted organ)
- Healing fracture or joint injury (should be cleared by treating physician)
- Recent surgery (should be cleared by treating physician)
- Down syndrome (should have x-ray check for neck instability, as per recommendation of the Special Olympics)

If you or your physician has any questions about the physical requirements of the activity, feel free to contact the local council.

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived, after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, I have carefully considered the risk involved and have given consent for myself to participate in the activity, and waive all claims I or we may have against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity.

I am not under the influence of any chemical substance, including alcohol. Understanding that any physical activity involves a risk of injury, I understand that my participation in the activity is entirely voluntary. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. This release does not, however, apply to any harm caused by negligence or willful misconduct of the local council or its employees.

In case of emergency, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me.

Participant's signature* _____ Date _____

*If the participant is under age 18, his or her parent or guardian must also sign below:

Parent's or guardian's signature _____ Date _____

SHOOTING SPORTS ACTIVITY RELEASE FORM

If you are participating in archery or bb gun at The Irvine Ranch Outdoor Education Center please fill out the portion below.

Name _____ Unit (if applicable) _____

The undersigned parent or guardian of the minor listed above gives express permission, in conformance with the California Penal Code Sections as indicated, for the BSA Range Staff to furnish the sports equipment as indicated to the minor to engage in lawful, recreation shooting sports and instruction. If permission is denied, so indicate. (Lack of specific permission will be construed that permission is not granted)

BB Gun/ Air Rifle (P.C. Section 12552)

Approved _____ Denied _____

Archery

Approved _____ Denied _____

Participant's signature* _____ Date _____

*If the participant is under age 18, his or her parent or guardian must also sign below:

Parent's or guardian's signature _____ Date _____