



REGISTRATION, HEALTH SCREEN, AND PARTICIPANT AGREEMENT

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY AND PROVIDE ALL REQUESTED INFORMATION LEGIBLY AND IN INK. BE SURE TO SIGN AND DATE WHERE INDICATED ON THE LAST PAGE. INCOMPLETE AND/OR UNSIGNED FORMS MAY DELAY OR PRECLUDE PARTICIPATION IN THE PROGRAM. PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN FOR MINOR CHILDREN.

Participant Name: _____ Date of Birth: _____ Grade: _____

Gender: _____

Address: _____ (_____) _____
Street City State Zip Email Telephone

Participant is a: Minor ☐ Self ☐ Teacher ☐ Parent/Chaperone ☐

Name of Parent(s) or Legal Guardian (s) (if Participant is a minor): (1) _____ (2) _____

Name of School: _____ Name of Head Teacher or Group Contact: _____

EMERGENCY CONTACTS – *Parent or Legal Guardian must be provided as first emergency contact*

(1) Name _____ Relation _____ Email _____

Day Phone _____ Evening Phone _____ Cell Phone/Pager _____

(2) Name _____ Relation _____ Email _____

Day Phone _____ Evening Phone _____ Cell Phone/Pager _____

HEALTH INFORMATION - PLEASE FILL OUT COMPLETELY *DOCTOR SIGNATURE NOT REQUIRED*

This information will only be used by NatureBridge staff to help support Participant on Program

Does the Participant have, or has the Participant had, any of the following conditions or symptoms? Specify any issues on next page.

Medical Information		12. Hearing problems or ear infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies	
1. Any serious medical illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Vision or other eye problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Food (specify on next page)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Any surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Sleep Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Bees/Wasps/Insects	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Bleeding/Clotting/ Anemia or any other blood disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Bedwetting	<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Medication allergies (specify on next page)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Asthma, wheezing or other lung problem	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Hospitalized overnight in last 5 yrs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	25. Iodine	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	26. Seasonal allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Irregular heart rhythm, heart defect or other heart problem	<input type="checkbox"/> Yes <input type="checkbox"/> No			27. Other allergies (specify on next page)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Kidney problem	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diseases		If Participant Has Allergies	
8. Liver disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	28. Do you carry your own Epi-pen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Mental, emotional or behavioral issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	29. Do you carry your own inhaler?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Seizures or fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Impaired immune system	<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Other Diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If you have answered "yes" to any of the above items, please explain below. Provide corresponding number. (Attach additional pages if necessary.)

Question Number	Explanation
22. Food allergies	
27. Other allergies	

1. Does the Participant have any food restrictions? ☐ Yes ☐ No If yes, please specify _____
2. Is the Participant taking any medication? ☐ Yes ☐ No

Please list all medications Participant is taking and the condition for which each medication has been prescribed.**

Medication	Condition

****Participant must continue to take all medications during the Program unless otherwise directed by Participant's physician.**

3. Is Participant capable of participating in a 5 mile hike with up to 2,000 feet of elevation gain? ☐ Yes ☐ No
4. Are there any restrictions on Participant's physical activity? ☐ Yes ☐ No
If yes, please describe _____
5. Please provide any additional information that you believe we should know to help us provide a quality experience for the Participant.

Note: NatureBridge staff may contact Participant/Parent/Legal Guardian with questions regarding any of the above matters in advance of the Program.

Name of Physician _____ Telephone Number _____

Medical Insurance Carrier _____

Policy #/I.D.# _____ Subscriber Name _____

Additional medical or insurance information attached: ☐ Yes ☐ No

PARTICIPANT AGREEMENT (INCLUDING ASSUMPTION OF RISKS, RELEASE AND INDEMNIFICATION) REQUIRED FOR ALL PARTICIPANTS

PLEASE READ THIS ENTIRE AGREEMENT CAREFULLY. IT AFFECTS THE LEGAL RIGHTS OF PARTICIPANTS AND THEIR FAMILIES IN THE EVENT OF AN INJURY OR OTHER LOSS.

All Participants age 18 and older, including all teachers and chaperones, (referred to as "Adult Participants"), must sign this Participant Agreement. At least one parent or legal guardian (both referred to as "Parent") must sign on behalf of themselves individually as well as on behalf of their minor child or ward (referred to as "Minor Participant"). The term "I" as used in this Participant Agreement refers to the Adult Participant and/or Parent. The term "Program" refers to the NatureBridge program in which a Participant has enrolled.

In consideration of the Program, services, benefits and amenities provided by NatureBridge, a California Non-Profit Public Benefit Corporation, I hereby understand, acknowledge and agree as follows:

Activities and Risks

Activities vary from program to program, and may include hiking, stewardship activities (for example, plant removal and trail maintenance), backpacking, skiing, snowshoeing, snorkeling, kayaking, canoeing, and other water craft

excursions. Some programs involve travel in NatureBridge vehicles driven by NatureBridge employees. I understand that the Program exposes Participants to a variety of risks and hazards, foreseen and unforeseen, some of which are inherent and cannot be eliminated without fundamentally altering the unique character of the Program. These inherent risks include, but are not limited to, environmental risks and hazards, including rapidly moving, deep, or cold water; plants; insect stings and bites; snakes, and predators, including large animals; falling and rolling rock; lightning; tree and tree limb fall; and unpredictable forces of nature, including weather that may change to extreme conditions without notice. Possible injuries and illnesses include allergic reactions, including, anaphylaxis; hypothermia; frostbite; high altitude illnesses; sunburn, heatstroke, and dehydration; infectious diseases such as Lyme disease, norovirus, plague or hantavirus; musculoskeletal injuries; and other possible serious conditions or injuries, including death. Emergency evacuation and medical care may be delayed twenty-four (24) hours or more due to the remote locations of some Program activities.

Assumption of the Risks

I understand that the description of the risks involved in NatureBridge activities set forth above is not complete, and that other risks may result in property loss, personal injury, or death. On behalf of myself and my Minor Participant (if applicable), I agree to assume, to the fullest extent permitted by law, all risks of participation in the Program, whether known or unknown, and whether or not such risks are described above. I understand that participation in the Program is entirely voluntary, and I consent to participation with full knowledge of the possible risks of such participation. If the Participant is a minor child, I have discussed the Program activities and risks with them, and confirm that the child wishes to participate in the Program.

Release and Indemnification

I, an Adult Participant or Parent of a Minor Participant, for myself and on behalf of such Minor Participant, agree to release, indemnify, protect, and hold harmless, and promise not to sue, NatureBridge and/or any of its officers, directors, employees, agents, contractors, and insurers (the "Released Parties"), to the maximum extent permitted by law, with respect to any and all claims, demands, damages, attorneys' fees, litigation costs, losses, or liabilities, including, but not limited to, claims for property loss, personal injury and/or wrongful death, which I or my Minor Participant may suffer, arising out of or in any way related to my, or my Minor Participant's, participation in the Program. The claims hereby released and indemnified against include those caused by or arising from the negligence of a Released Party, or any of them.

Medical Authorization

I represent that the medical information I have provided above is current, accurate and complete.

I authorize NatureBridge staff to administer first aid, including, where permitted by applicable law, the administration of epinephrine by auto-injector, as well as the administration of "over the counter" medications, including aspirin, Tylenol, ibuprofen, Benadryl, Neosporin, Imodium, laxatives and similar medications. If my Minor Participant has a known life-threatening allergy, or if I have been advised by a health-care provider that the Minor Participant should be prepared for a possible serious allergic reaction, my Minor Participant has been provided with auto-injectable epinephrine and has been instructed by a physician as to its use; in addition, I have instructed my Minor Participant to have the auto-injectable epinephrine on their person and available at all times during the Program. If my Minor Participant is enrolling in the Program as part of a school or other group, I have also informed the person in charge of the school or other group of this allergy and any applicable physician -prescribed protective measures. I confirm that I have, or my Minor Participant has, the ability to hike up to 5 miles per day with up to a 2,000 feet elevation gain without presenting a risk of harm to myself, my Minor Participant, and/or others. I authorize any adult chaperone or member of NatureBridge staff to obtain medical care for my Minor Participant (or for me, if I am unable to consent), and hereby consent to any X-ray, examination, anesthetic, diagnosis, treatment and/or hospital care that may be recommended by a licensed physician and/or dentist. In the event of minor illnesses or injuries, I understand that NatureBridge will attempt to contact me at the earliest practicable

opportunity. In the event of a major illness or injury, I understand that NatureBridge will attempt to contact me before the commencement of any medical treatment, unless my Minor Participant's condition is such that treatment must be commenced immediately before contact with me can be made. If I cannot be reached, this authorization remains in full force and effect.

I agree to assume full financial responsibility for the costs of any early departure, back-country evacuation, and/or medical care or treatment that I or my Minor Participant may receive (including transportation to and from the Program). I understand that NatureBridge reserves the right to refuse participation to any person who NatureBridge determines, in its sole discretion, may present a risk of harm to themselves or others.

Other Provisions

I agree that NatureBridge and/or its designees may use, without restriction or compensation, my likeness, and/or that of my Minor Participant, whether in photographs or video, as well as any writing, artwork and/or testimonials created by me or my Minor Participant and submitted to NatureBridge. I agree that once submitted, these materials shall become the property of NatureBridge and may be used for marketing purposes.

I understand that during part of the Program, my Minor Participant will be under the supervision of teachers, chaperones, and other adults who are not NatureBridge employees, and who have not been selected, and are not supervised, by NatureBridge. I understand and agree that NatureBridge is not responsible for the actions of any such individuals.

NatureBridge uses independent contractors for some services, and such independent contractors, and not NatureBridge, are solely responsible for any losses or injuries caused by their acts or omissions.

I understand that this Participant Agreement is intended by NatureBridge to have as broad an effect as the law permits, and that if any part of this Participant Agreement is found to be invalid for any reason, the remainder of the Participant Agreement shall remain valid and fully enforceable.

I agree that if there is a dispute between me or my Minor Participant, on the one hand, and a Released Party, on the other, such dispute will be governed by the substantive laws of the State of California, and that any lawsuit against any of the Released Parties will be filed and maintained in a court of competent jurisdiction in San Francisco County, California.

I have been advised to consult with an attorney of my choosing if I have any questions concerning the provisions and/or translation of this Participant Agreement. I certify that I have carefully read this Participant Agreement, I understand its terms, and am signing it voluntarily. I have had any questions concerning the Program answered to my satisfaction.

I understand that in the event of any dispute or issue regarding any translation of this Participant Agreement, the English version of this Participant Agreement shall control.

Name of Participant _____
Print Name

_____	_____	____/____/____
Parent or Legal Guardian Signature	Print Name	Date
(For Minor Participant)		

_____	____/____/____
Adult Participant Signature (if age 18 or older)	Date