

MEDICAL CONDITION RELEASE FORM

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PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK FOR KNOWN MEDICAL CONDITION

I, for myself and/or on behalf of my child or legal ward, have been fully warned and advised by the National Center for Outdoor & Adventure Education. (hereinafter collectively referred to as "NCOAE"), that a known physical/mental condition may pose an increased risk to me and understand the degree of danger and the seriousness of the risk increase significantly with my participation in this activity. I certify that I have provided written notification to NCOAE of any information regarding any condition that could present special requirements or risks by virtue of participation in the Program. I realize that I am subject to injury from this activity and that no form of preplanning can remove all of the danger to which I am exposing myself. Although NCOAE has advised me of this increased risk, I have elected to participate in this activity, and I am refusing this critical safety precautions. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

SIGNER STATEMENT OF AWARENESS

I/we the undersigned, have read the foregoing statement carefully before signing and do understand its warnings and assumption of risks.

Signature of Participant

Date

Name of additional minor(s) rider(s)

Date

Signature of parent, guardian and or spouse

Date