

# Medical Condition Release Form

## 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's Statement of Awareness

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

### Participant

First Name:	Last Name:
Signature:	Date:

### Additional minor(s) rider(s)

First Name:	Last Name:
Signature:	Date:
First Name:	Last Name:
Signature:	Date:

### Parent or Guardian

First Name:	Last Name:
Signature:	Date: