

ACTIVITY PARTICIPATION AGREEMENT

ACTIVITY DESCRIPTION

ACTIVITY: One-Eighty Adventures: 2024 Santa Cruz & Monterey Expedition **DATE(S) & TIMES:** July 14-July 18, 2024 (Departure and Arrival Times are TBD)

LOCATION: Mt. Madonna Camp Ground, 7850 Pole Line Rd, Watsonville, CA 95076, USA

RELEASE OF LIABILIT	Υ		
NAME OF PARTICIPANT:		A	GE:
NAME OF PARENTS/GUARD	IANS:		
HOME PHONE:	CELL PHONE:	EMAIL:	
ADDRESS:			
In the event of an emergency	y, if the above people are no	t available, please contact:	
NAME:	RELATIONSHIP:	PHONE:	
INSURANCE COMPANY:		POLICY#	
NAME OF INSURED:		GROUP#:	
(or parent/ guardian if the participation in and transportate personal financial responsibility to and from the activity, as well One- Eighty Programs or its activity sponsor"). For defend, and hold harmless the	cipant is a minor) acknowledgion to and from the activity. The for any injury or other loss is as for any medical treatment gents, employees, volunteers, urther, the participant (or parelactivity sponsor for any injury of from the activity, whether such	ity described above (the "activity described above (the "activity des and accepts the risks of injurie participant (or parent/guardial ustained during the activity or durendered to the participant that or any other representatives (ont/guardian) releases and promore arising directly or indirectly out the injury arises out of the negligible.	ry associated with an) accepts uring transportation is authorized by ollectively referred ises to indemnify, of the described
resolve the matter through a mparent/guardian) and the activ	nutually acceptable alternative ity sponsor cannot agree upor	rises, the participant (or parent/ dispute resolution process. If the such a process, the dispute when the rules of the American A	ne participant (or ill be submitted to a
x	x		
Signature of Participant	Date	Signature of Parent/Guardian	Date

HEALTH SCREENING &MEDICAL RELEASE
Please list any known allergies:
Please list any medications being taken and instructions:
Understanding that adventure activities are inherently physically demanding and places many new challenges on novice outdoors persons, please list any known physiological, medical, or psychological conditions that our adventure guides need to be made aware of:
Yes, you can give my child over the counter medication such as ibuprofen or acetaminophen if needed.
☐ My child can swim: Please specify ability level:
☐ Please have an Adventures guide contact me so I can share more about the above.
In the case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, hereby give One-Eighty Programs and anyone acting for One-Eighty Programs permission to act on my behalf in seeking emergency treatment for my child. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. 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 should it become necessary. This authorization is given pursuant to the provisions of Section 25.8 or the Civil code of California.
I absolve One-Eighty Programs and any other parties' action for One-Eighty Programs from liability in acting or my behalf in this regard.
Should it be necessary for my child/student to return home from this activity due to medical reasons or disciplinary actions the undersigned shall assume all transportation expenses.
X
Signature of Parent/Guardian Date