

**WESTERN WASHINGTON UNIVERSITY  
E.D.G.E. PROGRAM**

Today's Date \_\_\_\_\_

Group \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Emergency contact \_\_\_\_\_

Their address \_\_\_\_\_

Their telephone(s) \_\_\_\_\_

Conditions I have that might limit my participation \_\_\_\_\_

\_\_\_\_\_

Do you or does anyone in your family have a history of heart disease or heart related problems? Explain \_\_\_\_\_

\_\_\_\_\_

Medications I am presently taking \_\_\_\_\_

\_\_\_\_\_

Allergies I have (including drugs) \_\_\_\_\_

\_\_\_\_\_

**➤ PLEASE COMPLETE THE PARTICIPANT AGREEMENT AND  
ACKNOWLEDGMENT OF RISK ON THE REVERSE SIDE.**

## **PARTICIPANT AGREEMENT AND ACKNOWLEDGMENT OF RISK**

In consideration of the services of the Western Washington University E.D.G.E. Program, its agents, administrators, employees, volunteers, advisers, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "the E.D.G.E. Program"), I hereby agree to release and discharge the E.D.G.E. Program on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that the activity I will be participating in entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things, falls and collisions with other participants. Furthermore, the E.D.G.E. Program facilitators have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the ability levels of individuals or the group. They may give inadequate warnings or instructions, and equipment being used might malfunction.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the E.D.G.E. Program from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of the E.D.G.E. Program equipment or facilities, except such claims which allege negligent acts or omissions by E.D.G.E. Program staff.
4. Should the E.D.G.E. Program, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume--and bear the costs of--all risks that may be created, directly or indirectly, by any such condition.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the E.D.G.E. Program on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

### **PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION**

(Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name), a Minor, being permitted by the Western Washington University E.D.G.E. Program to participate in its activities and use its equipment and facilities, I further agree to indemnify and hold harmless the E.D.G.E. Program for any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor, except as to negligent acts on the part of employees or agents of the E.D.G.E. Program.

Signature of Parent or Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**➤ PLEASE COMPLETE THE PARTICIPANT INFORMATION ON THE REVERSE SIDE.**