RIVERSIDE CHALLENGE COURSE LIABILITY WAIVER FORM

Participant's Name:	Birthdate:	Age:	Sex: M / F
Address:	P	hone:	
Contact Person in Emergency:		hone:	
Contact Person in Emergency:	P	hone:	
PLEASE READ CAREFUL, the applicant (or parent/guardian of participant under eig			
 The applicant agrees to abide by the rules and reg The applicant understands and appreciates that the activity which are beyond the control of the sponsorin such risks. The applicant understands that every care and attraction participants, but Riverside and/or leadership staff can were not directly caused by their failure to take due can be applicant. 	ere are a number of agency or its state ention will be given not be held liable	of inherent risks inv if and agrees to per to the health and c	olved in the rsonally assume comfort of the
l, the applicant (parent or guardian of minor applicant), as such that the activities will in no way aggravate any condit and followed. Riverside will be notified of any changes i Riverside's Challenge Course.	ions present. If in	doubt, medical advi	ice will be sought
hereby authorize the leader of the event to secure sunecessary for the health and safety of myself (son, dauresponsibility. It shall be at the discretion of the leader welfare and safety of the applicant.	ighter, ward) and	I agree to accept	primary financial
declare that the statements on this form are true.			
SIGNATURE(parent or guardian or	f minor applicant if unde	Date er 18)	_