

CHALLENGE COURSE PARTICIPATION REGISTRATION

(Print Name)

Group Name)

(Address)

(Phone Number)

(City, State, Zip)

(Date)

RELEASE / INDEMNITY / AGREEMENT NOT TO SUE

I, the undersigned, hereby acknowledge that I have voluntarily applied to participate in an outdoors oriented seminar with The Retreat at Artesian Lakes (formerly Chain-O-Lakes Resort & Conference Center) and any of its affiliate companies and/or LTD Group. By signing this release/indemnity/agreement not to sue form, I agree to release, discharge, and hold harmless The Retreat at Artesian Lakes and any of its affiliate companies and/or LTD Group, and their agents, assistants, employees, and co-sponsors for any damage whatsoever, including property damage, injuries (whether physical, mental, or emotional), or death, which I might incur as a result of my voluntary decision to participate in this seminar or the "Challenge Course" located at The Retreat at Artesian Lakes.

I know, understand, and recognize that there are significant elements of risk in any adventure, sport, or activity associated with the outdoors. The "Challenge Course" involves a series of activities, which provide physical, mental, and emotional challenges. Knowing, recognizing, and understanding the inherent risks, dangers, and rigors involved in the activities of the "Challenge Course", I certify that I am fully capable physically, mentally, and emotionally, to participate in these activities and I knowingly and voluntarily assume all risks associated with these activities.

I willingly and knowingly assume full responsibility for myself for bodily injury, mental or emotional injury, death, loss of personal property, and expenses related thereto, as a result of any negligence or other conduct of The Retreat at Artesian Lakes and any of its affiliate companies and/or LTD Group, their agents, assistants, employees, and co-sponsors. I also assume full responsibility for my own negligence and/or other risks, including, but not limited to, those caused by the obstacle course challenges themselves, the terrain, the weather, my athletic and physical condition, and the conduct or actions of other participants.

By signing this release form, I agree that if I do sustain any physical injury, mental or emotional damage of any nature, or death as a result of my voluntary decision to participate in the seminar and the "Challenge Course", I voluntarily agree to release, discharge and hold harmless The Retreat at Artesian Lakes and any of its affiliate companies and/or LTD Group, their agents, assistants, employees, and co-sponsors from any legal liability arising out of any negligence, strict liability, breach of contract, or any other theory on behalf of myself, my personal representatives, heirs, next of kin, spouse, members of my family, and assigns. I further agree never to institute any action or suit at law or in equity against any of the above named Releases.

I have read and understood the provisions of this release form and agree to its terms in their entirety.

Signed: _____ Date: _____

Signature of Parent/Guardian (if participant is under age 18): _____

In case of emergency notify:

(Name) (Address) (Phone Number)

MEDICAL INFORMATION FORM

(PLEASE FILL OUT COMPLETELY, INCLUDING EXPLANATIONS)

Height: _____ Weight: _____ Age: _____ Sex: M or F

Do you have or have you ever had any of the following: (Please explain all "yes" items, including dates.)

HEART PROBLEMS	NO	YES	_____
HIGH BLOOD PRESSURE	NO	YES	_____
BACK INJURY OR OPERATION	NO	YES	_____
SHOULDER INJURY OR OPERATION	NO	YES	_____
OVERWEIGHT	NO	YES	_____
TAKING MEDICATION (please specify)	NO	YES	_____
BEE STING ALLERGY	NO	YES	_____
EPILEPSY	NO	YES	_____
DIABETES	NO	YES	_____
RECENT SURGERY OR PREGNANCY	NO	YES	_____
OTHER CONDITIONS	NO	YES	_____
DO YOU SMOKE	NO	YES	_____

Please identify and describe any disabilities, conditions, prior injuries or allergies (to food, drugs, insect bites, plants, animals, etc.) not listed above which might limit participant.
