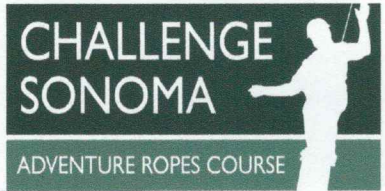


ADV 7/20



Challenge Sonoma Adventure Ropes Course
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Participants Name: (print) _____
Course Date: ___/___/___ Group Name: _____

In consideration of being permitted to enter upon the property of the Sonoma Developmental Center and to attend and participate in the Challenge Sonoma Ropes Course (hereinafter referred to as "COURSE"), I hereby agree as follows:

1. I am aware that certain elements of the COURSE are physically demanding. I do not have any medical or physical conditions which would impair or effect my ability to engage in those activities or which would cause any risk of harm to myself or to other participants or otherwise endanger my health while attending or participating in the COURSE.
2. I am further aware that the activities of the COURSE are dangerous, and accidents can occur involving the risk of serious injury to my person and/or death and/or damage to my property. Knowing the risks of participating in the COURSE, I ASSUME FULL RESPONSIBILITY FOR ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE AND HOLD HARMLESS the State of California and the Sonoma Developmental Center, their officers, agents and employees (hereinafter collectively referred to as "STATE") and the officers, agents, and volunteers of the COURSE from any and all loss, liability, injury, damage or cost which may arise out of or in connection with my presence on the campus of Sonoma Developmental Center as well as which may arise out of or in connection with my enrollment, attendance and/or participation in the COURSE, whether caused by the negligence of the COURSE or otherwise.
3. I WAIVE, RELEASE AND DISCHARGE any and all claims, rights and/or causes of action which I now have or may have against either STATE or Challenge Sonoma or both for personal injury, property damage or wrongful death resulting from or in any way related to being on the Sonoma Developmental Center Campus, enrolling in, attending or otherwise participating in the COURSE whether such personal injury, property damage or wrongful death arose out of the negligence of STATE or the COURSE or otherwise. Therefore, under no circumstance will I prosecute or present any claim for personal injury, property damage or wrongful death against either STATE and/or the COURSE or both whether the same shall arise from the negligence of STATE and/or the COURSE or otherwise.
4. The forgoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of this State, and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full force and effect.
5. This agreement is binding on my heirs, assignees, dependents, personal representatives and estate.
6. No oral representations, statements or inducements have been made to me to cause me to inter into this agreement.

I HAVE READ THIS AGREEMENT, AND I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS FOR INJURIES AND DAMAGES. I VOLUNTARILY SIGN MY NAME EVIDENCING ACCEPTANCE OF THE PROVISIONS IF THIS AGREEMENT. IF UNDER 18 YEARS OF AGE, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED. PROOF OF AGE IS REQUIRED.

Signature of Participant _____ Age _____ Date _____

Signature of Guardian _____ Date _____

Please complete other side.

Emergency Medical Information

Ropes Course Date: _____ Group Name: _____

Name (please print): _____ male female (check one)

Address: _____
street city zip

Phone: _____ Age: _____ Birth Date: ___/___/___ Last Tetanus Toxoid Booster ___/___/___

Allergies to drugs, foods, insect bites, etc: _____

In Emergency Contact: _____
Name Relationship HM Phone WK Phone

_____ Name Relationship HM Phone WK Phone

Family Physician: _____
Name Address HM Phone

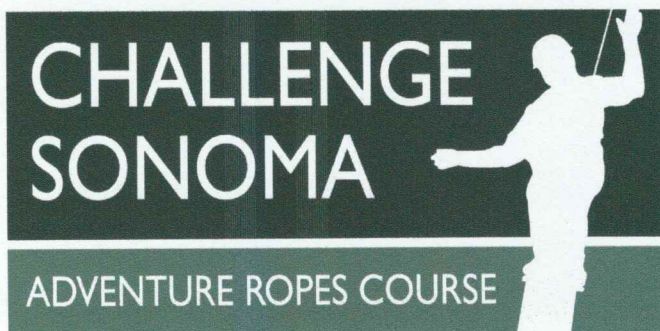
Insurance Company: _____ Policy No: _____

AUTHORIZATION TO TREAT A MINOR (MUST BE COMPLETED IF UNDER 18)

I (we) the understand parent, parents, or legal guardian of _____
 a minor, do hereby authorize and consent for any x-ray examination, anesthetic, medical, or surgical diagnosis rendered under the
 general or special supervision of any member of the medical staff and emergency room staff licensed under provisions of the
 Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and the staff of any acute general hos-
 pital holding a current license to operate a hospital from the State of California Department of Public Health. 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 which the aforementioned physician in the exercise of his best judgement may deem advisable.
 It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the
 above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions
 of sections 25.8 of the Civil Code of California. This consent shall remain effective through _____.

 Signature of Parent or Guardian

 Date



The purpose of requesting the information on this form is to register you as a participant in the Challenge Sonoma Adventure Ropes Course and will not be used for any other purpose.