



No Excuses Project Release Form

Participant Name: _____

Date of Activity: _____ to _____, 20 _____

Please Read Release Form Carefully

I am aware that during my participation in the *No Excuses Project* I will be involved in sponsored adventure activities, and certain risks and dangers may occur. These include, but are not limited to: the hazards of being in a wilderness or natural areas such as severe allergic reactions, on a physical fitness course (i.e. sustained increased heart rate, sudden heart rate increase, general heart risk [especially for those with past heart conditions], and death), the forces of nature, and other dangers inherent in being in or near a pool, lake, river, and other recreational areas.

In consideration of my voluntary election to engage in activities sponsored by *No Excuses Project*, I do hereby assume all risks and to the fullest extent permitted by law do hereby agree to defend and hold harmless *No Excuses Project*, their representatives, officers, employees, agents, successors, or beneficiaries from and against any and all personal injury, causes of action, losses, cost, liability, actions, debts, claims, damages, expenses, and demands of every kind and nature whatsoever, including attorney fees and court costs, which I now have or which may arise from or in connection with my presence or participation in any activities arranged for me except for gross negligence or willful acts of *No Excuses Project*, its employees, agents or contractors.

Further, I agree to indemnify *No Excuses Project* for any causes of action, losses, cost, attorney fees, liability, actions, debts, claims, damages, expenses, and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my presence or participation in any activities arranged for me except for losses caused by gross negligence or willful acts of *No Excuses Project*, its employees, agents or contractors.

This agreement shall be binding upon me, my heirs, executors, and administrators. I have been informed of the risks of participating in any and all activities and my participation in these activities is completely voluntary and I assume all risks associated therewith.

By signing below I agree to allow the *No Excuses Project* to use any pictures or video footage of this program for its promotional purposes.

SIGNED, this _____ day of _____, 20 _____

(Minors [anyone under the age of 18] must have their parent or guardian sign on their behalf.)

NAME: _____ SIGNATURE: _____
(Please print full name) (If a minor, signature of parent or guardian)

No Excuses Project HEALTH STATEMENT FORM

The proposed activity provided by *No Excuses Project* requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart-related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others in the group who depend on them. Good physical condition will increase your enjoyment of outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should consult with a physician. (NOTE: If you have had any heart-related problems you will need to have a release form from a physician in order to participate in the program.)

Name: _____

Address: _____

Email: _____ Phone: _____

Date of Birth: _____ Age: _____ Gender: _____

Emergency Contact Person: _____ Relationship: _____

Home Address: _____

Email: _____ Phone: _____

HEALTH HISTORY (circle appropriate response)

Current General Health Condition:	Excellent	Good	Fair	Poor
Have you had or do you currently have any heart problems?			Yes	No
Do you frequently suffer from pains in your chest?			Yes	No
Do you often feel faint or have spells of dizziness?			Yes	No
Has a doctor ever told you that you have high blood pressure?			Yes	No
Do you have arthritis, joint or back problems that are aggravated by exercise?			Yes	No
Have you had any operations or serious injuries?			Yes	No
Do you have any physical disabilities or chronic recurring illnesses?			Yes	No
Do you have Epilepsy?			Yes	No
Do you have Diabetes?			Yes	No
Do you have Asthma or respiratory issues?			Yes	No
Are you allergic to any medication, insects or pollen or foods?			Yes	No
Are you currently sick and/or using medication?			Yes	No
Do you have any prescribed meal plan or dietary restrictions?			Yes	No
Are there any activities to be limited/discouraged by physician's advice?			Yes	No

Please describe any "yes" answers above: _____

Do you carry health insurance? ___ Yes ___ No

Carrier: _____ Policy _____

REPRESENTATION AND EMERGENCY AUTHORIZATION

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in adventure activities. I hereby give permission to the medical personnel selected by *No Excuses Project* to order injection and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include but is not limited to, charges incurred for the providing of aid and arranging evacuation if *No Excuses Project* or its agents determine that such evacuation is necessary and desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and of any medical care and acknowledge any restrictions placed on my activities.

Signature of Participant _____ Date _____

Signature of Witness _____

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Release Form**

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Date of Activity: _____ to _____, 20 _____

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I am aware that during my participation in No Excuses Program, Inc. sponsored adventure activities, certain risks and dangers may occur. These include but are not limited to: the hazards of being in a wilderness or natural area, on a physical fitness course (i.e. increased heart rate, sudden pulse rate increase, general heart risk [especially for those with past heart conditions], and death), the forces of nature, and other dangers inherent in being in or near a pool, lake, river, and other recreational areas. In consideration of my voluntary election to engage in activities sponsored by No Excuses Program, I do hereby assume all risks and to the fullest extent permitted by law do hereby agree to defend and hold harmless No Excuses Program, their representatives, officers, employees, agents, successors, or beneficiaries from and against any and all personal injury, causes of action, losses, cost, liability, actions, debts, claims, damages, expenses, and demands of every kind and nature whatsoever, including attorney fees and court costs, which I now have or which may arise from or in connection with my presence or participation in any activities arranged for me except for gross negligence or willful acts of No Excuses Program, its employees, agents or contractors.

Further, I agree to indemnify No Excuses Program for any causes of action, losses, cost, attorney fees, liability, actions, debts, claims, damages, expenses, and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my presence or participation in any activities arranged for me except for losses caused by gross negligence or willful acts of No Excuses Program, its employees, agents or contractors.

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NAME: _____ SIGNATURE: _____

(Please print full name) (If minor, signature of parent or guardian)

No Excuses Project
Participation Application/Profile

Participant Application/Profile

Personal Information

Name _____

Address _____

Cell Phone _____ Email _____

Emergency Contact _____

Name

Relationship

Phone

Background Information

On a scale of 1-5 (5 being best) how would you rate your fitness level?

On a scale of 1-5 how would you rate your fitness experience and competency?

Describe your longest/toughest physical event.

Describe the most extreme mental/psychological situation you have experienced.

What strengths do you feel you will bring to this program and your team?

What concerns, if any, do you have concerning the physical demands of this event?

Do you have any medical conditions that could compromise your personal or group success?

Do you have all the required gear for this event? Yes No

If no, what equipment do you need to obtain or rent?