



Dear Outward Bound Applicant,

Veterans programs are designed to be fun, fast, challenging, and suited for those in good physical condition. We make the most of the organizational and teamwork skills that you learned in the military to move groups straight into the field. Once on expedition, Outward Bound training will bring you up to speed on our wilderness travel expectations. Leadership skills will be tested as participants take over responsibility for the crew and make community plans and decisions. Our staff, sometimes Veterans themselves, have extensive experience in backpacking, rock climbing, mountaineering, and working with groups. You will rely on them for information and safety, but ultimately the success of the experience rests with you and your fellow Veterans.

In the wilderness, the only things you and your fellow Veterans have to work with are the gear you bring along, your skills, abilities and each other. Does this sound familiar? As a community, the group works together to deal with decisions about land navigation, camp locations, duties, and chain of command, while helping each other overcome obstacles and meet challenges.

Devoid of the distractions of every day life, you create a safe community with your fellow Veterans in a wilderness environment. Take this opportunity to compare notes and look for answers from other people who are adjusting to life after deployment. Very often this is the first time participants have had a chance to vent their true feelings in a supportive, non-confrontational forum surrounded by fellow Veterans and the beauty of the country for which they have fought.

The enrollment process is a very important part of attaining success on your course. Please read EVERYTHING carefully, and follow the steps below. The more time you invest into this process, the more likely you will feel satisfaction with our Veterans Program.

The only expense to you is in your time, getting the correct clothing and footwear, and any incidentals, like food on your way to the course or parking associated with travel.

Please note: We are making a significant commitment to our Military Service Members so it is imperative that once you commit, you follow through and attend the course. If you cancel for reasons other than deployment, you will deplete the funds generously provided by our donors and you will have taken a slot from another deserving service member. Our investment in planning, staffing, and provisioning cannot be recovered in the event of short notice cancellations. If you have to cancel due to some unforeseen emergency, please let your Student Services representative know immediately, as given enough time, we can most likely find another student to fill your slot. Please see our Cancellation Policy for further information.

Please contact us if you have any questions about your expedition.

Respectfully,

The Student Services Team
Outward Bound California



Outward Bound Application – VETERANS

Instructions

Please review the following steps and get started as soon as possible. **Your completed Application is due TWO WEEKS from the date that you enroll and includes the pages in this document and ALL the documents provided by the Student Services department.** Individuals who apply less than three weeks from course start may be required to return materials in as little as 24 hours. Some applicants may be required to get a physical exam or have their doctor or counselor complete forms, so please take these materials to the appropriate provider immediately.

Let's get started... Please make sure you have an hour or two to work through the information and complete the forms.

1. READ :

- a. Attending Outward Bound packet
- b. Itinerary Overview
- c. Packing List
- d. Boot-Fitting Guide
- e. Cancellation Policy document

2. COMPLETE your Application. The Application includes:

- All the pages in this document (excluding the instructions)
- Confidential Medical Record
- Liability Release Form: Please read through, sign by hand and return **BOTH** pages.
- DD-214 or some other form of identification verifying your military service
- Any additional documents sent to you by the Student Services department

Please see the next page for how to return your forms.

3. WE will EMAIL or CALL YOU with the STATUS of your Application (Complete? Something missing?).

4. PHONE INTERVIEW

As part of the application process we will also contact you to arrange a brief informational phone call/interview to address any questions that you may have and discuss your health, motivation, and physical preparation.

5. PLEASE WAIT to hear our decision on your Application –We will either notify you via an “Approval Email” that you have been accepted or, based on your health and fitness, we may deny admission to some applicants. Approximately 5-10% of our applicants are, for safety-related reasons, not accepted to attend. Over the years we have served many thousands of individuals with a wide variety of medical histories and personal backgrounds. While we are committed to making Outward Bound available to as many people as possible, we recognize that some individuals may be better served by attending an Outward Bound course at a later date or by attending another program.

6. WAIT to hear from us regarding your course enrollment status. On rare occasions courses may be cancelled due to low enrollment. **We will also reach out to you with regard to your travel so that we can assist you in arranging your transportation to the course.**

NOTE: Please make sure you have completed each question on each form (i.e. write N/A so we know you have not overlooked the question). **Incomplete sections will delay the review process and we will require you to complete them prior to reviewing your application.** Our review process is designed to assess each applicant from a variety of perspectives and is intended to facilitate successful experiences for our students. The information you provide is not only vital to our ability to assess your application but is also vital to our ability to deliver a high-quality wilderness expeditions.



Information on Completing and Returning Your Forms

Our forms are all available in PDF format. Most are fillable and can be completed digitally, while others will need to be printed and filled out by hand. Once you have completed your forms you may return them using one of three options:

- 1) Email (*preferred*)
- 2) Fax
- 3) Mail

Please note that we receive faxes electronically and appreciate any effort to ensure that pages are right side up and in the correct order. Please contact us if you have any problems submitting your forms.

***Please see your Registration
Email for how/where to submit
your completed application
materials.***



OFFICE USE ONLY

FOLLOW-UP
APPROVAL

PART I – GENERAL INFORMATION

PROGRAM/COURSE NUMBER: _____ START DATE: _____

Applicant

Title: Dr. Mr. Mrs. Miss Other: _____

Name: _____ Age at Program Start: _____ DOB: _____

Address: _____ Height: _____ ft. _____ inches Weight: _____ lbs.

City/State/Zip: _____ Sex identified as: Male

Home Phone: _____ Female

Cell Phone: _____ _____

E-mail: _____ Occupation: _____

**Parent/Custodial Guardian 1
(if applicant is under the age of 21)**

Title: Dr. Mr. Mrs. Miss Other: _____

Name: _____

Relationship to Applicant: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

**Parent/Custodial Guardian 2
(if applicant is under the age of 21)**

Title: Dr. Mr. Mrs. Miss Other: _____

Name: _____

Relationship to Applicant: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Emergency Contact (other than parent/guardian if the applicant is under the age of 21)

Name: _____

Home Phone: _____

Relationship to Applicant: _____

Cell or Work Phone: _____

Ethnic Background (optional)

- Asian
- Multi-Ethnic
- Hispanic or Latino
- Caucasian (Non-Hispanic)
- Native Hawaiian or Pacific Islander
- African American
- American Indian/Alaskan Native
- Do Not Know Ethnicity
- Other: _____

SIGNATURE REQUIRED Consent is hereby given for the applicant to attend an OUTWARD BOUND program and permission is given for any emergency anesthesia, operation, hospitalization or other treatment (whether for an emergency or not) which might become necessary. I agree to be responsible for any and all costs associated with such treatment, including the costs of evacuation, if any. All information will be kept confidential except that information may be disclosed to any medical or other provider as needed for my (or my child's) care. If Outward Bound arranges for treatment for me (or my child) by a medical provider, I authorize that medical provider to release information about me (or my child), and my (or my child's) condition and treatment to Outward Bound. Over the years, many students with a variety of medical and psychological difficulties have successfully completed our programs, but we must be aware of these conditions. **Failure to disclose such information could result in serious harm to you (or your child) and fellow students. I understand that I (or my child) may be in remote areas, several hours or days away from any medical facility or where communication, transportation, or evacuation is subject to delay.** If you (or your child) arrive at the program start with a pre-existing medical, behavioral or psychological condition which is not indicated on your medical form and you are subsequently unable to participate fully or are forced to leave the program because of that condition, you may be charged an evacuation fee and may not receive a refund of tuition.

Applicant's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

(Required if applicant is under the age of 18 OR if applicant is a resident of Alabama and is under the age of 19 OR if applicant is a resident of Mississippi and is under the age of 21.)

PART II PARTICIPANT HISTORY: PAST AND PRESENT MEDICAL PROBLEMS

Do any of the following apply to you? If YES check the box next to the item and provide details in the spaces below. Include the following:

- Specific symptoms that are occurring
- How often symptom/condition occurs

- How long symptom/condition lasts
- How you care for symptom/condition

- Date of last occurrence
- Any restrictions

CONDITION	SYMPTOMS/RESTRICTIONS
<input type="checkbox"/> High Blood Pressure	_____
<input type="checkbox"/> Heart Disease	_____
<input type="checkbox"/> Heart Murmur	_____
<input type="checkbox"/> Irregular Heartbeat / Palpitations	_____
<input type="checkbox"/> Chest Pain / Pressure	_____
<input type="checkbox"/> Circulation Problems	_____
<input type="checkbox"/> Frostbite	_____
<input type="checkbox"/> Heatstroke	_____
<input type="checkbox"/> Frequent Dizziness / Fainting	_____
<input type="checkbox"/> History of Altitude Sickness	_____
<input type="checkbox"/> Severe Headaches / Migraines	_____
<input type="checkbox"/> Head injury with neurological impairment	_____
<input type="checkbox"/> Tuberculosis / Positive TB test	_____
<input type="checkbox"/> Asthma or COPD	_____
<input type="checkbox"/> Active or History of Hepatitis	_____
<input type="checkbox"/> Lyme Disease	_____
<input type="checkbox"/> Seizure Disorder / Epilepsy	_____
<input type="checkbox"/> Seizure within past 6 months	_____
<input type="checkbox"/> Bleeding / Blood Disorder	_____
<input type="checkbox"/> Sickle Cell Anemia	_____
<input type="checkbox"/> Sickle Cell Trait	_____
<input type="checkbox"/> Hypoglycemia (low blood sugar)	_____
<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Cancer	_____
<input type="checkbox"/> Thyroid Problems	_____
<input type="checkbox"/> Gastro-intestinal Problems	_____
<input type="checkbox"/> Special Diet	_____
<input type="checkbox"/> Food Allergies	_____
<input type="checkbox"/> Kidney Problems	_____
<input type="checkbox"/> Urinary Tract Problems	_____
<input type="checkbox"/> Bedwetting	_____
<input type="checkbox"/> Orthopedic Problems	_____
<input type="checkbox"/> Broken Bones within past year	_____
<input type="checkbox"/> Hearing Impairment	_____
<input type="checkbox"/> Vision Impairment	_____
<input type="checkbox"/> Skin Problem	_____
<input type="checkbox"/> Motion Sickness	_____
<input type="checkbox"/> Sleep Walking	_____
<input type="checkbox"/> PMS/Menstrual Problems (severe)	_____
<input type="checkbox"/> Currently Pregnant	_____
<input type="checkbox"/> Medical Equipment/ Devices	_____
<input type="checkbox"/> Other	_____

A. ALLERGIES Include allergies to medicine, foods, insect bites/stings, environmental, etc.

Allergy List Below	Reaction List Below	Medication Required (if any)

B. MEDICATIONS YOU ARE CURRENTLY TAKING If psychiatric medication, please list any medications taken or changed within the past 3 months. Also list any over-the-counter, inhalers, herbal supplements, etc.

Medication List Below	Taken For Symptom/Condition	Dosage Size/Frequency	Date Started	Current Side Effects

NOTE: If you are taking prescription medications, you **MUST** bring them in ORIGINAL PRESCRIPTION BOTTLES with the physician's dosage directions. If possible, bring a double supply. Any changes to the above noted medications or dosages, please contact Outward Bound.

C. HOSPITALIZATIONS/EMERGENCIES Please list any hospital, psychiatric, or urgent care visits within the past 1 year.

Date of Visit/Admittance	Reason	Length of Stay

D. BLOOD PRESSURE

Blood Pressure: _____ Date Taken: _____ (Must be within 1 year of course start)

Blood pressure may be taken with apparatus at a local grocery or drug store.

E. IMMUNIZATIONS

We recommend that all of our participants have a current tetanus immunization (within 10 years).

F. PERSONAL HISTORY based on the past year.

Do any of the following apply to you? If YES check the box next to the item and provide details on the spaces below.

- | | |
|---|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Bipolar Disorders |
| <input type="checkbox"/> Depressive Disorder | <input type="checkbox"/> Disruptive and Conduct Disorder |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Obsessive-Compulsive Disorder |
| <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> Schizophrenia Spectrum Disorder |
| <input type="checkbox"/> Substance Related Disorder | <input type="checkbox"/> Trauma and Stressor Related Disorder |
| <input type="checkbox"/> Other _____ | |

Have you received treatment or therapy for any of the above, either currently or in the past year? If YES check the box next to the item and provide details on the spaces below.

- | | |
|---|--|
| <input type="checkbox"/> Medication(s) | <input type="checkbox"/> Residential Treatment |
| <input type="checkbox"/> Out Patient Counseling | <input type="checkbox"/> Psychiatric Hospitalization |
| <input type="checkbox"/> Day Treatment | |

Describe: _____

Describe: _____

If you checked any of the above, please provide the following information for your therapist and/or prescribing physician:

Prescribing Physician Name: _____	Therapist Name: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
Email: _____	Email: _____

G. LIFESTYLE

Do any of the following apply to you? If YES check the box next to the item and provide details on the spaces below. **Include dates, amounts, reasons, etc.**

- Do you use alcohol? _____
- Do you use tobacco? _____
- Do you use recreational drugs or marijuana? _____
- Do you have a history or current problem with substance abuse or dependency? _____
- Have you been suspended or expelled from school in the past year? _____
- Have you been on probation or had any involvement with the justice system? _____

H. CURRENT EXERCISE ACTIVITY List your current physical activity (if any). You will be expected to engage in rigorous physical activity during your Outward Bound experience. It is vital that you start (or continue) a physical fitness routine in preparation for the program!

Activity	Frequency	Time/Distance	Leisurely	Moderately	Intensely

I. SWIMMING ABILITY (CHECK ONE)

- Non-Swimmer
 Weak Swimmer
 Moderate Swimmer
 Strong Swimmer



Applicant Profile - Veterans

RETURN

Applicant Name: _____ **Course #:** _____

This section must be completed by the Applicant.

I have attended Outward Bound before. I have not attended Outward Bound before.

1. Why are you interested in attending Outward Bound?

2. Please read the Itinerary Overview. What are you most looking forward to?

3. What questions or concerns do you have about your course?

4. Please list three words you would use to describe yourself.
 1. _____
 2. _____
 3. _____

5. Please list the Military Unit(s) to which you were assigned.

6. What is your Military Occupational Specialty?

7. Tell us the Country in which you served and periods of deployment. Please also provide a copy of your DD-214 or some other form of identification verifying your military service.

8. Outward Bound will be physically and emotionally challenging. What are you doing to get physically and mentally prepared?

9. Is there any other information you feel would be helpful to our staff?



Applicant Profile – Veterans (continued)

RETURN

Please read the following OUTWARD BOUND POLICY FOR PHYSICIAN’S EXAMS FOR VETERANS:

Outward Bound courses are physically strenuous and place unique and significant demands on the body and in particular, the cardiovascular system. Activities in which Veterans participate may include, but are not limited to, rock climbing and hiking at high altitude and/or with a heavy backpack. In addition, participants may be in a remote wilderness environment where emergency medical care by a physician or evacuation may be delayed for several hours or days.

The physical components combined with the mental and emotional stress of the activities may put a high level or sudden demand on individuals physically. We have found that people who are in overall good health with average physical ability can successfully complete the program. However, participants must be diligent in answering the questions on the medical form and should confer with a physician or therapist about any mental or physical conditions that might limit the veteran’s ability to safely and fully participate.

Every veteran will complete the Participant Confidential Medical Record. **Based upon Outward Bound’s assessment of an applicant’s health and physical condition**, a physician’s exam and/or a cardiovascular stress test may required at discretion of Outward Bound staff. In these cases, a physician is required to perform a physical exam, complete a Physician’s Exam form, and return it directly to Outward Bound via email or fax.

Signatures –

The information I have provided is accurate and complete. I have read all of the course and Outward Bound information; I understand the application, cancellation and expulsion policies and related penalties as explained in the Cancellation and Admissions Policies document I received when I requested my application. I understand that Outward Bound will be physically and emotionally challenging, involves living with a group of diverse participants, and is NOT a recreational summer camp and should in no way be considered a vacation. I am ready to take on the challenge of Outward Bound.

I am willing to:

- Engage each day as a full participant and try my best throughout the course
- Follow Outward Bound safety procedures and environmental practices as explained by my instructors
- Be a reliable team member and act respectfully towards other students and my instructors
- Live up to the expectation that I neither bring, obtain, nor use tobacco, alcohol or illegal drugs
- Refrain from sexual activity and/or socially exclusive behavior

Do you consent? Yes No

I understand I have the ultimate responsibility for determining whether I can safely participate and any implications of participating on my health and well-being. If I need any additional, specific information about the activities in which I will participate or the location where I will be participating, I will confer with Outward Bound. I agree to assume the risks of any medical condition, emergency, injury, or illness that might develop while participating in the Outward Bound course.

_____ Applicant’s Signature	_____ Date
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OUTWARD BOUND CALIFORNIA

CANCELLATION POLICY VETERANS AND SERVICE MEMBERS PROGRAM

TUITION

The tuition expenses for your Veterans and Service Members Program is fully funded by several generous donors. These anonymous donors believe that investing in an Outward Bound experience for Veterans and Service Members honors their service to our country. However, due to the expense of program planning, staffing and provisioning of crews, we cannot recover our expenses in the event of short-notice cancellations or transfers. Also a short-notice cancellations deplete the funds that have been so generously provided by our donors in support of the program. For these reasons, **you will be charged a \$250 Cancellation Fee if you cancel 30 days or less prior to your program start.**

TRAVEL

If a plane ticket is required, Outward Bound California will assist you in arranging your travel to the course and cover the cost of your airline ticket. If you cancel after purchase of the ticket or do not show up for your program, Outward Bound California will charge your credit card the entire cost of the purchased ticket **as well as** the \$250 Cancellation Fee.

EXCEPTION: If you are currently on active duty or are a member of the National Guard or Reserves and receive orders to deploy and cannot attend, we will (with documentation) not charge you for the cost of the airline ticket or the \$250 Cancellation Fee.

AGREEMENT TO CANCELLATION POLICY**

This completed form, and a record of your credit card number, are both required to participate on this program. Completing and signing this form is acknowledgement of our \$250 CANCELLATION FEE PENALTY, your responsibility to pay for your unused plane ticket and your responsibility for any fees or air fare increases to return home if you are expelled or voluntarily leave course. Your Course Advisor will record your credit card information** during your Phone Check In.

**Your card will not be charged at enrollment. Your card will only be charged under the circumstances outlined above.

Name: _____

Signature: _____



In consideration of the services of Outward Bound California, and its chartering organization, Outward Bound, Inc., and its affiliated Outward Bound Services Group, and Charter Schools, (collectively referred to as “OB”), participant (and parent or legal guardian of a minor participant) acknowledges and agrees as follows:

Acknowledgment and Assumption of Risks

I understand that participant (and parents) share(s) the responsibility for participant’s safety, for managing the risks, and for determining the participant’s suitability for the program in which he/she will participate. I have accurately completed any required OB application and medical forms and have reviewed all OB program information provided to me. I agree to obey all OB rules, regulations, and policies (and have my child obey them). I have (or my child has) no mental or physical problems or limitations that might affect my (or my child’s) ability to participate that have not been disclosed to OB in writing. I have had the opportunity to ask questions about the program activities and the risks of the program in which I (or my child) will participate.

I understand and acknowledge that the program(s) in which I (or my child) will participate has risks and may be physically strenuous. It is impossible to anticipate every activity in which I (or my child) will engage. Outward Bound offers numerous courses with a wide variety of activities. The list below includes many of those activities. The activities in my (or my child’s) course will depend on the program in which I am (or my child is) enrolled but may include: hiking, backpacking, skiing, snowboarding, dog sledding, and/or snowshoeing (on and off trail); camping, including cooking over stoves, open fires or by other means; ropes and/or challenge courses (traversing ropes suspended off the ground, potentially at great heights, swinging or traveling by a cable and pulleys and other such activities); rock, wall or tower climbing; physical problem-solving activities; water activities including flat water or white water boating, rafting, canoeing, or kayaking; ocean sailing or sea kayaking; surfing, snorkeling, or swimming; river crossings; bicycling (including mountain biking); mountaineering (snow, glacier or ice travel or travel at high altitude); horseback riding; jogging or stair climbing; vehicle travel and travel by public, chartered or other conveyance; rescue scenarios (real or simulated); community and other service projects that may involve using tools, power equipment, ladders, or construction materials. I understand that I (or my child) may engage in other activities not listed above. The program plan may be modified for any number of reasons, including convenience, weather, emergencies, or unexpected conditions. Activities may take place in the United States or in foreign countries and may be supervised or unsupervised. In particular, participants may have time alone in remote areas. Participants may also be in urban or other areas with exposure to individuals who are not under OB’s supervision or control.

It is impossible to know or list every risk associated with every activity. Risks will depend on the program. Some, but not all, of the risks I (or my child) may encounter include: unpredictable or harsh weather; earthquakes; lightning; exposure to extreme temperatures (high heat or extreme cold); exposure to high altitude, avalanches and rock fall; rapidly moving water including whitewater and rough seas; drowning; wild animals and marine life; disease carrying or poisonous plants, insects, animals, and marine life; improper or malfunctioning equipment; slipping, falling or being struck by objects or persons; risks caused or complicated by any mental, physical, or emotional conditions any participant may have; being separated from other participants and leaders for considerable periods; physical contact with other participants or other individuals; and other natural or man-made hazards. Another risk is the potential misjudgment by OB instructors, volunteers, other staff members, co-participants or contractors related to my (or my child’s) participation, including but not limited to decisions regarding my (or my child’s) physical condition and capabilities, weather, water, terrain, route or medical treatment. All of these risks are inherent to the activities in my OB program, which means that they cannot be changed or eliminated without altering the essential elements of the activity.

I acknowledge that participating in an OB program involves inherent risks and other risks, hazards, and dangers including some not listed above that can cause or lead to death, injury, illness, property damage, mental or emotional trauma, or disability. Furthermore, activities may take place several hours or days from any medical facility or where communication, transportation, or evacuation is subject to delay. I understand that OB cannot ensure my (or my child’s) safety and does not seek to eliminate all of these risks, in part, because they facilitate the educational and other objectives of the program. I agree to assume all of the risks of the activities of my (or my child’s) OB program, whether inherent or not and whether described above or not.

Liability Release and Indemnity Agreement

I hereby forever release, waive, and discharge OB, and each of its respective agents, employees, officers, directors, trustees, independent contractors, volunteers, and all other persons or entities acting under their direction and control (collectively referred to as “the Released Parties”) from, and agree not to pursue a claim or sue the Released Parties for any liability, claim, or expense in any way associated with my (or my child’s)

enrollment or participation in the OB program or the use of any equipment or facilities. Neither I nor anyone acting on my (or my child's) behalf will make a claim against the Released Parties as a result of any injury, illness, damage, death, or loss. This release includes any losses caused or alleged to be caused, in whole or in part, by the negligence, whether active or passive, of the Released Parties to the fullest extent allowed by law (but not for gross negligence) and includes claims for injury, property damage, wrongful death, breach of contract, or any other type of suit.

I further agree to defend and indemnify the Released Parties (to pay or reimburse the Released Parties for money they are required to pay, including attorney's fees and costs) with respect to any and all claims brought by or on behalf of me, my child, a family member, personal representative, estate, a co-participant, or any other person for any claims related to my (or my child's) enrollment or participation in the program or my (or my child's) use of equipment or facilities, including claims that OB instructors, staff, or volunteers were negligent. This includes claims for damage or injury that is finally determined to have been caused by my (or my child's) negligent conduct or intentional misconduct. This indemnity includes payment for attorney's fees and costs incurred by the Released Parties in defending a claim or suit if the claim or suit is withdrawn or where a court determines that the Released Parties are not liable for the injury or loss.

The National Park Service and certain Forest Services may not allow for the assumption of risks other than the inherent risks or for the release of liability for claims of negligence. Therefore, for activities that occur on lands controlled by these agencies where and to the extent that such a prohibition is in writing for that particular location, program, or permit at the time of the incident and found by a court of proper jurisdiction to be enforceable as a matter of law, the assumption of risk in the above paragraph is limited to assuming the inherent risks; the release of liability is inapplicable; and the indemnity agreement is limited to claims brought by or on behalf of a co-participant or person other than the student or a family member of the student. The assumption of all risks, the entire indemnity provision, and the release of liability shall remain in full force and effect for all activities or any portion of activities which do not transpire on lands controlled by these federal provisions. The indemnity provision for payment of attorney's fees when a suit is withdrawn or where a court determines that the Released Parties are not liable applies to all activities regardless of where they take place.

Additional Provisions

I agree that the substantive law of California (but not any law that would apply the laws of another jurisdiction) governs this document and any dispute or suit I have (or my child has) with the Released Parties. Any mediation, suit, or other proceeding must be filed or entered into only in California.

The assumption of risk, release, indemnity agreement, and all other provisions in this document are intended to be interpreted and enforced to the fullest extent allowed by law. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions, which shall continue in full force and effect. OB has permission to use my (or my child's) photo, image or video in promoting OB, including website and internet postings. OB reserves the right to remove any participant from the program when staff or an instructor believes, in his/her sole discretion, the participant presents a safety concern or medical risk, is disruptive, or acts in any manner detrimental to the program. If I am dismissed or depart (or my child is dismissed or departs) for any reason, I will be responsible for all costs of early departure whether for medical reasons, dismissal, personal emergencies, or otherwise.

I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT. I UNDERSTAND THAT I AM SURRENDERING CERTAIN LEGAL RIGHTS. I AGREE THAT THIS FORM SHALL BE BINDING ON ME, MY MINOR CHILDREN AND OTHER FAMILY MEMBERS, AND MY HEIRS, EXECUTORS, REPRESENTATIVES, AND ESTATE. I HEREBY WARRANT THAT I HAVE LEGAL AUTHORITY TO ACT ON MY CHILD'S BEHALF. I AGREE, ON MY OWN, AND ON MY CHILD'S BEHALF, TO THE TERMS AND CONDITIONS IN THIS DOCUMENT.

If participant is under the age of 18 (or if participant is a resident of Alabama and is under the age of 19) (or if participant is a resident of Mississippi and is under the age of 21) at the time this document is signed, a parent or legal guardian must sign the release in addition to the participant signing.

Participant signature

Date

Print name here

Date of Birth and Age

Parent or Legal Guardian signature

Date

Print name here