Statement of Understanding and Legal Release

Group _____ Course Date _____

Participant Name_____Age _____

Address_____Apt #_____

City_____State _____Zip Code_____

Cell Phone _____Email _____

In consideration of all programs and services of the Pacific Leadership Institute (PLI), this Statement of Understanding and Legal Release acknowledges my participation in any of the programs of the PLI (including the Fort Miley ropes course, team building events and any other activities hosted or sponsored by the PLI).
I understand that I should only participate in these programs if I am free of medical or physical conditions, which might create undue risk to myself, or others, who depend on me. I hereby state that I am free from such conditions and have listed all limiting factors on the medical information section of this form (see page 2).

I am aware that the PLI activities involve a potential for injury to my person and property. I understand in signing this statement that certain elements of this program are active, physically demanding and may consist of risks that could result in physical or emotional injury, paralysis, damage to myself, to property or to third-parties or even death. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the program/activity. To the extent that I participate in such activities, I do so *voluntarily* and assume full responsibility for any loss and/or inconvenience resulting from my participation.

I further agree to indemnify and hold harmless PLI, San Francisco State University, the SFSU University Corporation, the National Park Service and all of the other agencies who manage the lands where programs occur, each and all of our officers, directors, employees and agents from any and all liability incurred as a result of my participation. I also agree that this Statement of Understanding and Legal Release shall serve as a complete legal release and assumption of risk for my heirs, executors, and administrators, and for all members of my family, including any minors.

I also give my permission for photos and/or videos to be taken of me, and agree that the PLI may use the photos and/or videos, without compensation, for marketing or any other business/organizational purposes.
If any family members and/or other individuals are listed as authorized participants on the above section of this statement, I hereby declare that I am authorized to sign this Statement of Understanding and Legal Release on their behalf, and understand and agree that they are bound by all the terms and conditions of this document.

By signing this document I acknowledge that if anyone is hurt or property damaged during my participation in any activities organized or hosted by the PLI, that I may be found - by a court of law - to have waived my right to maintain a lawsuit against the PLI or SFSU on the basis of any claim from which I have released them herein. I have read and understand the content of this form and I agree to be bound by its terms:

Participant Signature_____Date_____

Signature of parent or guardian _____Date_____
(if under 18 yrs of age)

- Continued on page 2 for medical information -

Medical Information - Please indicate if you have any of the following conditions which might impact your participation:

		Specific details (if applicable):
Asthma or respiratory problems	□ yes □ no	
Broken bones, joint dislocations or bad sprain	□ yes □ no	
Any injuries to head, chest or internal organs	□ yes □ no	
Dizzy spells, fainting or persistent headaches	□ yes □ no	
Hearing or vision problems	□ yes □ no	
Any allergies to drugs, foods or insects	□ yes □ no	
History of diabetes or heart disease	□ yes □ no	
Significant medical or neuralgic disorders	□ yes □ no	

Please indicate any medications you are currently taking and any other limiting health conditions, allergies, etc for you and/or your family members:

Health Coverage

Health Plan:_____ Policy Number:_____

Name of physician: _____ Phone _____

If I do not have health coverage, I assume all risks as indicated on the first page of this form. I therefore understand that I agree to bear the costs of any injury sustained or damage I receive to self. I further certify that I am willing to assume the risk of any medical/physical condition I may have.

Emergency contacts (please list at least one – 2 is best):

Name	Relationship
Day phone	Evening phone
Name	Relationship
Day phone	Evening phone

Optional Information – It is very important to us that we serve an ethnically diverse population. One way for us to know the background of our participants is to specifically request this information.

Please tell us one or more racial/ethnic groups regarding how you self-identify:

_____

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