



**BALTIMORE CHESAPEAKE BAY  
OUTWARD BOUND SCHOOL**

**APPLICANT GENERAL INFORMATION**

<b>Name:</b>	<b>Gender:</b>
<b>Address:</b>	<b>Date of Birth:</b>
<b>City, State, Zip:</b>	<b>Race/Ethnicity:</b>
<b>Cell Phone:</b>	<b>Email:</b>

**Parent/Custodial Guardian if applicant is under the age of 18**

<b>Name:</b>	<b>Cell Phone:</b>	<b>E-Mail:</b>
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**Emergency Contact (not a parent or guardian)**

<b>Name:</b>	<b>Cell Phone:</b>	<b>Relationship:</b>
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**APPLICANT MEDICAL INFORMATION**

Outward Bound courses are physically and emotionally demanding. It is helpful for our staff to know the following information about your health; however, it is your responsible to determine if you can safely participate. The information below will remain confidential except when provided to medical personnel in the event of an emergency. Outward Bound strives to make reasonable accommodations for student medical and physical conditions. If you need an accommodation, please contact us as far ahead of time as possible so we can try to assist you. If you check the “yes” box to any of the following questions, Outward Bound strongly recommends that you talk with your medical provider prior to participating on the course. Our course advisors are also available to answer any questions you might have about the activities, to help you decide.

**If you check any of the “yes” boxes below please use the section below the questions to give additional details about your reply.**

- Have you experienced an asthma attack at any time in your life?  Yes
- Have you ever been diagnosed with type I or type II diabetes?  Yes
- Have you ever been given a shot of epinephrine for an allergy or anaphylaxis?  Yes
- Have you ever visited a medical professional for a serious allergic reaction?  Yes
- Have you ever received medical treatment for angina/ heart attack, or any type of heart disorder/disease?  Yes
- Have you ever been diagnosed with or are you currently being treated for high blood pressure?  Yes
- Have you ever seen a medical professional following a seizure?  Yes
- Are you currently being treated for any type of seizure disorder?  Yes
- Are you currently pregnant?  Yes
- Is there anything else about your health/physical condition that might affect your participation?  Yes

<b>Allergy to:</b>	<b>Reaction:</b>	<b>Medication Used:</b>
<b>Allergy to:</b>	<b>Reaction:</b>	<b>Medication Used:</b>
<b>Other Medications:</b>		
<b>Additional Medical detail or explanation:</b>		



In consideration of the services of Baltimore Chesapeake Bay Outward Bound School, Inc., 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) acknowledge(s) and agree(s) as follows:

I understand that participant (and parent) share(s) the responsibility for participant's safety. 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 activities and the risks of the program in which I (or my child) will participate. I agree to obey all OB rules, regulations, and policies (and have my child obey them).

The activities in which I (or my child) may participate will depend on the program in which I am (or my child is) enrolled and may be physically strenuous. These activities may include but are not limited to: hiking; camping; rock, wall or tower climbing; 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); physical problem-solving activities; water activities including swimming; vehicle travel; and community and other service projects that may involve using power tools. I understand that I (or my child) may engage in other activities not described above. It is impossible to know or list every risk associated with every activity; however, I understand the risks I (or my child) may encounter include but are not limited to: slipping, falling, being struck by or striking objects, persons or the ground; improper or malfunctioning equipment or structures; disease carrying or poisonous plants, insects, or animals; and physical contact with other participants. These and other risks, including errors in judgment, are inherent to the activities; 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, including some not described above, that can cause or lead to death, injury, illness, or property damage. I understand that OB cannot assure my (or my child's) safety and does not seek to eliminate all of these risks, in part, because they facilitate educational and other objectives. I agree to assume all of the risks of the activities in the program, whether inherent or not, and even if not described above.

**I hereby forever release, waive and discharge OB and each of OB's respective agents, affiliates, employees, officers, directors, trustees, independent contractors, volunteers, and all other persons or entities acting under their direction and control (collectively "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 them for money they are required to pay, including attorneys' 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, heir, next of kin, assigns, 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 the Released Parties 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.

I agree that the substantive law of Maryland (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 Maryland. 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. OB has permission to use my (or my child's) photo, image or video in promoting OB, including website and internet postings.

**I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT. I UNDERSTAND THAT I AM SURRENDERING CERTAIN LEGAL RIGHTS. I HEREBY WARRANT THAT I HAVE LEGAL AUTHORITY TO ACT ON BEHALF OF MY CHILD. 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, at least one 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 Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name here