

RIDGE HAVEN REGISTRATION FORM

This form must be filled out completely.
Feel free to make as many copies as you like of this registration form.

FOR OFFICE USE ONLY	
TOTAL	= _____
Amount Sent	- _____
Balance Due:	= _____
DO NOT FILL IN THIS BOX	

STUDENT INFORMATION

STUDENT MALE STUDENT FEMALE D.O.B. _____ Grade _____
 ADULT MALE ADULT FEMALE

Name _____ Name you go by _____

Address _____

City _____ State _____ Zip _____

Church you attend _____ City _____

GENERAL CONSENT & RELEASE FORM (Must be filled out and signed.) "It is expressly understood and agreed that Ridge Haven shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of Ridge Haven, or in connection with any activities or programs, unless such loss or injury results directly from the negligence or willful act of an employee of Ridge Haven acting within the scope of his or her employment."

Signature of Parent or Guardian PRINT name of Parent or Guardian Date

Home Number Parents Work Number(s) Cell Number

Insurance Company Policy Number Group Number

MEDICAL INFORMATION

Date of last tetanus shot: _____
Medication taken regularly and reason: _____

Allergies: None Bee Stings Penicillin Other _____ Nature of reaction: _____

Specific activities to be restricted: _____

REGIS- TRATION AND COST

CHECK OR CREDIT CARDS WELCOME \$ _____

Visa - MasterCard - Discover - Credit Card Number _____ Exp. Date _____

Signature _____ Date _____

*Registration Form may be faxed in if paying with a credit card and you must call to verify that the form has been received. FAX (828-884-6988)
Return this form with your non-refundable registration fee to:*

828-862-3916
FAX 828-884-6988
ridgehaven.org



215 Ridge Haven Rd.
Brevard, NC 28712

PARTICIPANT RELEASE OF LIABILITY (READ BEFORE SIGNING)

Activity Name (Circle One): Mountain Biking - Climbing Wall - High Ropes - Other

Participant Name: _____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS **Ridge Haven, Inc.** their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Signature Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature Age Date