

Return one completed form per participant to:



325 Edward Street Unit B
Sycamore, IL 60178

Questions?

You can reach us at
1-815-991-5684
www.poweradventures.org

REGISTRATION

Please print clearly and complete the form below.

Program/Trip Outdoor Yoga & Rock Climbing Date(s) _____
Your Name _____
Address _____
City _____ State _____ Zip _____
Phone: Daytime _____ Evening _____
Email _____ Cell _____

RELEASE OF LIABILITY

Please read carefully and sign below if you agree to all of the terms.

I hereby consent to my participation in Power Adventures' program on the grounds of **Devil's Lake State Park, Baraboo, Wisconsin**. I recognize there is a significant element of risk in any adventure sport and/or activity associated with the outdoors. I have no questions regarding the program. All questions have been answered to my satisfaction. I agree to abide by all rules established in conjunction with the program and participate in the program at my own risk. I am not aware of any medical condition, which would prohibit my participation. That in consideration of my participation in the program, I hereby voluntarily assume all risk of accident and damage or injury to person or property, and hereby release, acquit, and forever discharge Power Adventures, its agents, affiliates, employees, and assigns from every claim, damage, casualty, cause of action, or whatsoever nature which may arise due to my participation in the program. By signing this release, the undersigned hereby certifies that he/she has fully read and understands the conditions herein provided.

By checking this box, I am stating that I do NOT wish Power Adventures to utilize any photos that represent me in any way, in any printed or digital publications.

Signature of Participant _____ Date _____
Signature of Parent or Guardian (if applicable) _____ Date _____

CONFIDENTIAL HEALTH HISTORY

These records are kept confidential. In the case of emergency, this form is provided to EMS

Gender: M or F Age _____ Date of Birth _____ Height _____ Weight: _____

Please list any or all of the following:

Allergies _____ Disabilities _____
Heart Conditions _____ Past Operations _____
Dietary Restrictions _____ Phobias or Fears _____
Current Medications _____

Are you currently under treatment or a physician for any illness or condition? _____

If so, please name and describe _____

Please check the following injuries you have had and the year(s) of occurrence:

Neck/Back _____ Dislocation _____ Hernia _____ Concussion _____
 Fracture _____ Sprain _____ Other Injuries _____

Please check the following conditions you have had and the year(s) of occurrence:

- Blackout/Dizziness_____
- GIU Tract Problems_____
- Diabetes_____
- Other Conditions_____
- Chronic Cough_____
- Migraine Headaches_____
- Asthma_____
- Chest Pains_____
- High Blood Pressure_____
- Seizures_____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name_____ Relationship_____

Address_____

City_____ State_____ Zip_____

Phone: *Daytime*_____ *Evening*_____

Doctor's Name_____ Doctor's Phone Number_____

Your Health Insurance Provider_____ Policy #_____

PERMISSION TO RECEIVE FIRST AID AND TO SECURE MEDICAL HELP

I am sufficiently fit to participate in this program. I have completed a medical form with health disclosure information that is accurate, complete, and true to the best of my knowledge. I agree to notify a Power Adventures facilitator of any changes to my health and fitness, which may occur before or during a program. Should I become ill or injured, I give permission for the program facilitator(s) to render first aid and to seek emergency medical or rescue services, as they see fit and at my cost.

Signature of Participant_____ Date_____

Signature of Parent or Guardian (if applicable)_____ Date_____

PROGRAM/TRIP COSTS

Outdoor Yoga & Rock Climbing Workshop Cost \$ 285.00
(Includes all meals, instruction, climbing gear, and campsite fees.)

Do you want to rent camping gear from Power Adventures?. (add \$40) \$ _____
(Includes tent, sleeping bag, sleeping pad, & headlamp.)

Total Registration Cost \$ _____

A 50% deposit is required at time of registration to reserve your spot. Balance of total registration cost will be due no later than 14 days before trip/program begins.

Enclosed payment is: Total Cost OR 50% Deposit **Enclosed Amount \$ _____**

Method of payment: *At this time, we are able to accept checks, cash (in-person only), or money orders. Please make checks payable to **Power Adventures**.*

Cancellations: Because we incur certain pre-trip expenses, the following policy is necessary if you cancel. Notice of cancellation must be made in writing. If this notice is received in our office 14 days prior to date of trip/program you will receive a full refund (minus a \$50 handling fee). If this notice is received 7-13 days before the date of trip/program, you will receive a 50% refund. No refunds will be given if you cancel 6 days or less before date of trip/program. If Power Adventures cancels a trip/program before departure, we will refund all fees paid, including the deposit. Reasonable changes in itinerary may be made during the program for the comfort and well being of the participants.