



**OUTWARD  
BOUND**

**PART I – GENERAL INFORMATION**

PROGRAM/COURSE NUMBER \_\_\_\_\_ START DATE \_\_\_\_\_

**APPLICANT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other \_\_\_\_\_  
Age at Program Start: \_\_\_\_\_ DOB: \_\_\_\_\_  
Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.  
Sex: ☐ Male ☐ Female ☐ Intersex  
Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Transgender  
Occupation: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_

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

Name: \_\_\_\_\_  
Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other \_\_\_\_\_  
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 21)

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Ethnicity** (optional)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Asian              | <input type="checkbox"/> Caucasian (Non-Hispanic)            | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Multi-Ethnic       | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Unknown                        |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> African American                    | <input type="checkbox"/> 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 preexisting 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 – APPLICANT MEDICAL HISTORY: PAST AND PRESENT

### A. MEDICAL CONDITIONS

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

- Specific symptoms that are occurring
- How long symptom/condition lasts
- Date of last occurrence
- How often symptom/condition occurs
- How you care for symptom/condition
- 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 w/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	



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

Allergy List Below	Reaction List Below	Medication Required If Any

**C. 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	Expiration Date

**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 prior to course must be shared with Outward Bound as soon as possible.*

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

Date of Visit/Admittance	Reason	Length of Stay

**E. 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.

**F. IMMUNIZATIONS**

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



### PART III – APPLICANT PSYCHIATRIC AND MENTAL HEALTH HISTORY

#### G. PSYCHIATRIC AND MENTAL HEALTH CONDITIONS Within 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 Disorder                           |
| <input type="checkbox"/> Depressive Disorder        | <input type="checkbox"/> Disruptive and Conduct Disorder            |
| <input type="checkbox"/> Eating Disorder            | <input checked="" type="checkbox"/> Intellectual Disability         |
| <input type="checkbox"/> Learning Disability        | <input checked="" type="checkbox"/> Obsessive Compulsive Disorder   |
| <input type="checkbox"/> Personality Disorder       | <input checked="" type="checkbox"/> Schizophrenia Spectrum Disorder |
| <input type="checkbox"/> Substance Related Disorder | Trauma and Stressor Related Disorder                                |
| <input type="checkbox"/> Other: _____               |   |

Describe: \_\_\_\_\_

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 detail 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: \_\_\_\_\_

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: _____
E-mail: _____	E-mail: _____

### PART IV – APPLICANT PERSONAL HISTORY

#### H. 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.

- |   |       |
|---|-------|
| <input type="checkbox"/> Do you use alcohol?  | _____ |
| <input type="checkbox"/> Do you use tobacco?  | _____ |
| <input type="checkbox"/> Do you use recreational drugs or marijuana?                                  | _____ |
| <input type="checkbox"/> Do you have a history or current problem with substance abuse or dependency? | _____ |

#### I. CURRENT PHYSICAL 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

#### J. SWIMMING ABILITY (CHECK ONE)

- ☐ Non-Swimmer      ☐ Weak Swimmer      ☐ Moderate Swimmer      ☐ Strong Swimmer





**This section must be completed by the Applicant**

- Page 1 of 2 Applicant Questions





8. What is the best way for our instructors to support you when you are struggling or having a tough time on course?
  
  
  
  
  
9. What is your biggest fear or worry about this course?
  
  
  
  
  
10. Please provide an overview of your outdoor or wilderness experience. Have you ever been on a multi-day expedition in the wilderness? Have you ever needed to chemically treat water to drink or had to dig a hole in the woods in order to poop?
  
  
  
  
  
11. What do you do for fun? What are your hobbies?
  
  
  
  
  
12. Please list five words you would use to describe yourself
  
  
  
  
  
13. Please list three questions that you have about your course.
  - 1.
  - 2.
  - 3.

***Please provide your size adult sizes:***

Clothing Top Size (S/M/L/XL): \_\_\_\_\_ Clothing Bottom Size (S/M/L/XL) \_\_\_\_\_  
Shoe Size: \_\_\_\_\_

**As a student, I am willing to (please initial):**

- \_\_\_\_\_ Engage each day as a full participant and try my best throughout the course
- \_\_\_\_\_ Follow all safety procedures and environmental practices as explained by my instructors
- \_\_\_\_\_ Be a reliable team member and act respectfully towards other students and my instructors
- \_\_\_\_\_ Not bring, obtain, nor use tobacco, alcohol, marijuana, or illegal drugs
- \_\_\_\_\_ Refrain socially exclusive behavior including sexual activity

Failure to adhere to these expectations will be cause for a dismissal from course.





## Parent/Guardian Section

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Outward Bound is an ideal choice for motivated students that are ready for physical, social, and emotional challenges. We encourage you to find some time, with your child, to go over all the provided materials.

Person completing this form: \_\_\_\_\_

Relationship to Participant: ☐ Parent ☐ Guardian ☐ Other

Applicant Name: \_\_\_\_\_

It is helpful to have an accurate picture of the family relationships, guardianships, custody issues, etc. Are there other adults, step-parents, or partners involved? ☐ YES ☐ NO

Please list below with phone and email.

1. \_\_\_\_\_
2. \_\_\_\_\_

3. \_\_\_\_\_
4. \_\_\_\_\_

Which statement best describes the living situation?

- ☐ Lives with both parents  
☐ Shared custody

- ☐ Single parent full custody  
☐ Other \_\_\_\_\_

1. Whose idea was it to take an Outward Bound course this year? How much input did the student have in the selection of this specific course?
2. What would you consider success for your child on this course?
3. Describe what you expect this course to be like.
4. What has your child been doing to physically prepare for the course?





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5. Students often face high stress situations on course under adverse conditions. How does your child handle high stress situations? Please provide an example of a time they faced adversity or handled a high stress situation.
  6. What is the best way you have found to support your child when they are struggling?
  7. What role does your child normally take in a social or group setting? Are they shy and quiet, a strong leader, an active follower, a joker, etc.?
  8. What is your biggest concern for your child going on this course?
  9. What would you identify as your child's greatest strengths?
  10. What areas would you identify as your child's weaknesses or growth areas?
  11. What are you most proud of about your child?
  12. Is there any other information you feel would be helpful for our instructors?





## **Commitment to Course**

We would like both of you (the student and the parent/guardian) to initial the following after you both have read and agreed to it, and then sign below:

- ☐ The information I have provided is accurate and complete.
- ☐ I have read all of the course and COBS information.
- ☐ I understand that this course may be in remote areas, several hours or days away from any medical facility or where communication, transportation, or evacuation is subject to delay.
- ☐ I understand that this course will be physically, socially, 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 the Colorado Outward Bound School.

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**Applicant's Signature & Date**

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**Parent/Legal Guardian & Date**





## **Scholarship Additional Information**

Dear Scholar and Parent/Guardian(s),

Please RETURN your Scholarship Application with the rest of your application materials. **We cannot review your scholarship application until your entire application is received.**

In filling out this application, please keep in mind that we need all of the requested information to assess your financial situation and offer an appropriate award. A summary of the application requirements is below.

- ☐ **Explanation of Financial Need** – We want to fully understand your financial situation. Please complete this section according to the directions and include as much detail as possible. Please also include why you want to attend a COBS course.
- ☐ **Financial Overview** – Please provide detailed financial information regarding the applicant's (student going on course) household by completing the Financial Overview section. If the applicant is under 21 years old or not self-supporting, financial information from both parents is also required. In the case of divorced parents, we request that you submit complete information for both the primary and the secondary residences.

Our Scholarship Program is guided by a single principle: Every person should be given the opportunity to experience adventure and challenge, develop character and compassion, and learn social and environmental responsibility, regardless of financial ability.

We expect you to approach this experience with a high level of motivation, give it your all and complete your course successfully. I look forward to helping you achieve your goal of a fulfilling Outward Bound experience. Please feel free to contact me if you need assistance in filling out the application or if you have additional questions.

Thank you,  
Nohemi

Nohemi Mora  
Scholarship Program Coordinator

*Hablo Español*

303-676-8238

[nmora@cobs.org](mailto:nmora@cobs.org)



**Section 1. Explanation of Financial Need**

**I UNDERSTAND AND AGREE WITH THE FOLLOWING STATEMENT:**

☐ The information provided by me is true and complete to the best of my knowledge. I understand that withholding or misrepresenting my financial situation could affect my participation.

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Please use this space to indicate why you are applying for a scholarship to attend a COBS course. Attach an additional sheet if necessary. Explain any extenuating circumstances you would like COBS to consider in reviewing your application. Include anything that would not be immediately apparent from your Financial Overview in Section 2 of this application or other financial documentation. Examples include: information regarding custody and child support for divorced families, medical bills, Social Security Income, foster children, school loans, etc. **The more information we have, the better we are able to assess the need for a scholarship.**



## Section 2. Financial Overview

Please complete the fields below. If the applicant is under 21 or not self-supporting, income information for both parents is required. In the case of divorced parents, please include information for both the primary and the secondary residences.

	Applicant (Student)	Spouse (required if Applicant is married)	Parent(s)/Guardian(s) (at primary residence)	Parent(s)/Guardian(s) (at secondary residence, if applicable)
<b>ANNUAL INCOME</b>				
Salary Before Taxes				
Other Income (dividends, interest, business/farm income or loss, social security, unemployment)				
Support				
<b>Total Income</b>				
<b>ANNUAL EXPENSES</b>				
Living Expenses (rent, food, utilities, clothing, etc). – Living expenses are things you consider “necessities.”				
Other Annual Bills (cable, phone, entertainment, tuition, etc)				
<b>Total Expenses</b>				
<b>NET INCOME</b> (Income minus Expenses)				

<b>ASSETS</b>				
Cash on Hand and in Accounts				
Real Estate Value				
Investments Value				
Retirement Plan Value (ex. IRA or 403B)				
Auto (yr./model/value)				
Auto (yr./model/value)				
<b>Total Assets</b>				
<b>DEBTS</b>				
Mortgages (remaining balance)				
Bank Loans and Credit Cards (balance)				
School Loans				
Auto (yr./model/amt. owed)				
Auto (yr./model/amt. owed)				
Other Debts				
<b>Total Debts</b>				
<b>NET WORTH</b> (Total Assets minus Debts)				

DO YOU PARTICIPATE IN A FREE OR REDUCED LUNCH PROGRAM? IF YES, PLEASE SUBMIT A LETTER OF VERIFICATION FROM YOUR SCHOOL.

☐ YES ☐ NO

### DETERMINATION OF DEPENDENCY (of applicant):

- A. Has or will the applicant live with their parent(s) for at least 6 weeks...  
in the past 12 months? Yes No  
in the next 12 months? Yes No
- B. Did or will the applicant's parent(s) claim them on... last  
year's tax return? Yes No  
this year's tax return? Yes No
- C. Did or will the applicant's parent(s) give them more than \$1,000 support...  
last year? Yes No  
this year? Yes No

### ALL CHILDREN IN YOUR FAMILY

Name Age School Total School Annual Cost Family Contribution

- 
- 
- 
- 
- 

### ADDITIONAL DEPENDENTS

Name Age Circumstance (ex. grandmother living with family)

- 
-





In consideration of the services of Colorado Outward Bound School, 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 Colorado (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 Colorado.

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