

MISSOULA OUTDOOR LEARNING ADVENTURES

Participant Information & Registration

Name _____ Age _____ Birthdate _____ Gender _____

Address _____ City _____ Zip _____ Phone _____

Email _____ Occupation _____ Phone _____

What are your reasons for taking this vacation? _____

Why MOLA? _____

How did you find out about us? _____

Emergency contact info:

Name _____ Relation _____ Phone _____ Phone _____

Name _____ Relation _____ Phone _____ Phone _____

Physician _____ Blood Type _____

Hospital or Clinic _____

Alternative contacts:

Name _____ Relation _____ Phone _____ Phone _____

Name _____ Relation _____ Phone _____ Phone _____

Considering the nature of MOLA activities, please list below any physical, medical, or behavioral conditions or restrictions that should be brought to the attention of MOLA staff:

Amount Received _____ **Date** _____

MISSOULA OUTDOOR LEARNING ADVENTURES
Acknowledgment of Risk, Waiver of Liability, Authorization, and Agreement

I acknowledge that by participating in programs offered by or associated with Missoula Outdoor Learning Adventures (hereinafter referred to as MOLA), I will be exposed to significant and inherent risks and hazards associated with activities including, but not limited to, hiking, biking, rock climbing, bouldering, running, rafting, canoeing, floating, swimming, wading, soaking in hot springs, jumping into water from rocks, bridges, & ropeswings, foling, exploring, cooking, camping, backpacking, fishing, archery, skiing, snowboarding, sledding, snowshoeing, and various games.

I recognize that known and inherent risks, including travel to and from activity sites, as well as unknown or unanticipated risks, are associated with these activities and could result in serious physical or emotional injury, paralysis, death, drowning, or damage to myself and/or my property. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of MOLA programs. I am fully aware of the nature and extent of all the risks associated with these activities and these conditions, or if not, I assume responsibility for educating myself about these risks. I understand that it is not possible for MOLA to maintain direct supervision of and visual contact with all participants at all times.

In consideration of my participation in MOLA programs, I, the undersigned, on behalf of myself, my spouse, my children, my relatives, my heirs, assigns, personal representatives and estate, do hereby release MOLA, its owner, agents, sponsors, officers, employees, subcontractors, interns, and volunteers from any action, claim, or demands of any nature whatsoever, including, but not limited to a claim of negligence, now or at any time in the future, on account of personal injury, property damage, death, or accident of any kind, arising out of or in any way related to my participation in MOLA.

During the course of MOLA activities and classes, including travel, I authorize MOLA to take whatever actions may be necessary and/or appropriate under the circumstances of accident, injury, or sickness to protect the health and safety of myself and/or other participants, including placement into the care of a trained medical professional or transportation and admission into a medical treatment facility.

I certify that I have insurance to cover injury or any damage caused or suffered by myself and/or my property resulting from participation in MOLA programs, or else I agree to bear the costs of such injury and/or damage myself. I further certify that I have no medical, physical, or behavioral conditions which could interfere with my participation in MOLA, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such conditions. I understand that I am financially responsible for any medical treatment and/or emergency evacuation resulting from participation in MOLA activities.

I have had sufficient opportunity to read this entire document. I have read and understood it and agree to be bound by its terms. I recognize that this is a legally binding agreement and that by signing it I waive my right to bring court action to recover compensation or to obtain any other remedy for injury to myself or my property or for death to myself, however caused, arising out of participation in programs that MOLA offers or is associated with in any way, now or a any time in the future.

Signature _____ Date _____

Print Name _____ Phone _____

Address _____ Email _____