



Questionnaire for Tahoe Retreat

Basic Health Questions

Name:

Address:

Phone Number:

Date of Birth:

Profession:

Weight:

Height:

Are you currently taking medications? Y N

If you answered yes, please list medications. _____

Are you taking any medications that might impact your ability to hike, climb, kayak, zip line or
any participate in any heightened activity? Y N

If you answered yes, please list any
limitations. _____

Are you allergic to any foods or outdoor pollen that may affect your activity? Y N

If you answered yes, please list here. _____

Do you have any surgeries or other physical ailments that may limit any outdoor activity?

Y N

If you answered yes, please list here. _____

If there is anything about your health not listed above that you think may impact your outdoor ability, please note here. _____

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact

Contact Relationship

Contact Phone #



Waiver and Release of Liability

Aloha Life Coaching - Tahoe Retreats

Waiver: In consideration of the risk of injury while participating in *Aloha Life Coaching - Tahoe Retreats* (the Activity), and as consideration for the right to participate in the Activity, I, _____, hereby for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability. I hereby waive any all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge *Aloha Life Coaching*, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representative, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result to my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

Assumption of Risk: I am voluntarily participating in the aforementioned Activity and I am participating in the Activity entirely at my own risk. I am aware of the risks associated with traveling to and from as well as participating in this Activity, which may include, but are not limited to, physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death. I understand that these injuries or outcomes may arise from my own or emotional loss and death. I understand that the injuries or outcomes may arise from my own or others' negligence, conditions related to travel, or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during this Activity.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful action, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

Indemnify and Hold Harmless: I agree to indemnify and hold harmless *Aloha Life Coaching* and, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, to the premises on which the Activity takes place, (each considered one of the "RELEASES" herein) from all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf. Including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If *Aloha Life Coaching* incurs any of these types of expenses, I agree to reimburse *Aloha Life Coaching*.

Severability: The undersigned further expressly agrees that the foregoing waiver of liability, assumption of risks and indemnity agreement is intended to be as broad and inclusive as permitted by the law of the State California and that if any portion thereof is held invalid it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I acknowledge that I have carefully read this waiver, indemnify and hold harmless agreement and fully understand that it is a release of liability. This Agreement was entered in at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. I expressly agree to release and discharge *Aloha Life Coaching* and all of its affiliations, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns from any and all claims or causes of action against *Aloha Life Coaching* for personal injury or property damage. To the extent that the statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of *Aloha Life Coaching*, its agents, and employees.

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally.

Participant Name: _____

Participant Address: _____

Participant Signature: _____

Date: _____

Parent / Guardian Waiver For Minors

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify the I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent / Guardian Name: _____

Relationship to Minor: _____

Parent / Guardian Signature: _____

Date: _____

