

INSTRUCTIONS: Complete the following **Release Form** and the **Health Statement Form** in their entirety. Both forms are mandatory for attendance / participation. Type or print legibly in Dark Ink.

Name of Participant Observer _____

Primary Spoken Language _____

Age _____

Name of Group _____

Date of Event _____

Participant's Rights

- I have the right to be treated as a respected individual.
- I have the right to express my opinions, thoughts, and feelings.
- All individuals have the right to a safe, secure and cooperative working environment in which participation, risk taking and confronting challenges are encouraged.
- I have the right to participate by my own choice.
- I have the right to celebrate personal and team success.
- I have the right not to be exposed to undue pressure from other group members.

Responsibilities of the Participants

- I will treat other participants, staff and property with respect.
- I will conduct myself in a healthy and environmentally friendly manner towards other participants, staff and the natural environment.
- I will act and behave in a way which does not endanger, intimidate or interfere with the participation of others. This includes refraining from public displays of affection, includes touching, petting, or any other contact that may be considered sexual in nature, which is a distraction.
- I will preserve the confidentiality of other group members.
- I will participate in program activities by my choice.
- I will speak only for myself and not other group members.
- I will ask politely for what I want and need.
- I will be willing to share myself with others.

Attire

- Modesty of dress and wearing protective clothing is of supreme importance and all participants should assess their outfits prior to attending any event. Clothes with inappropriate messages or images, such as drugs, alcohol or profanity, are not permitted. When in doubt, don't wear it! Refrain from items that are revealing – e.g. tube tops, spaghetti straps, short shorts, and exposing sagging pants, etc. Please dress appropriately for the outside weather. Closed-toe footwear is required, such as comfortable running or tennis shoes, hiking boots or combat boots. Please do not bring any open toes shoes, such as sandals, flip-flops. There is a good possibility that you could get dirty during the day. Please wear clothing and shoes that you will not mind scuffing up a bit. We recommend the "layered" approach for all pants or shirts in order to adjust to weather conditions.

Jewelry / Cell Phones / I-Pods

- Jewelry such as large rings, ear rings anything with sharp edges should be left at home, as we ask that they be removed before going out to the course. Wristwatches that are snug fitting are acceptable. Please do not carry cell phones and i-pods on your person as they are a distraction and can be broken.

Prohibited Items

- Alcohol, tobacco, illegal drugs, and weapons are strictly prohibited at NMMI. While we do not allow food or beverages (such as gum or candy) other than water on the course, participants who may require nutrition at a specific time during the time on the course will be permitted upon request

PART A – PARTICIPANT STATEMENT OF UNDERSTANDING

(Youth under 18 must have parent signature)

In consideration of being allowed to participate in any way in leadership activities or events sponsored through the New Mexico Military Institute and/or program-related events and activities, including those of the Yates Leadership Challenge: Ropes Course and/or Leadership Reaction Course, 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 (as hereafter defined) 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 voluntarily remove myself from participation and bring such to the attention of the nearest official immediately.

The laws of the State of New Mexico shall govern the validity, construction and enforceability of this Agreement, without giving effect to its conflict of laws principles. All suits, actions, claims and causes of action relating to the construction, validity, performance and enforcement of this agreement shall be in the courts of the State of New Mexico.

NOTE: Failure to complete any section, in advance of an event, will result in the individual being excluded from full participation on the course. If the participant is under 18 years of age on the date of participation, his/her parent/s or legal guardian/s must sign where it is required. Thanks for your cooperation.

This form may be 1. returned to NMMI - Daniels Leadership Center • 101 West College Boulevard • Roswell, NM 88201
or 2. faxed to: (fax) 575-624-8318 • ATTN: DLC

PART B – PARTICIPANT RELEASE OF LIABILITY

(Youth under 18 must have parent signature)

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and covenant not to sue and agree to hold harmless the Regents of New Mexico Military Institute and the New Mexico Military Institute, their officers, officials, agents, volunteers 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 acknowledge that there may be physically strenuous activities. I herein provide approval to participate in all activities and/or events for which was contracted between the contracting organization and the Institute, from this date until this agreement is revoked in writing by the Superintendent, and/or the Commandant, and/or the Dean, and/or the Principal.

I hereby voluntarily assume full responsibility for any and all risk of loss, property damage or personal injury including death that may be sustained by the participant as a result of participating in said activity. I further agree to indemnify and hold harmless New Mexico Military Institute of any loss, liability, damage, or costs including court costs and attorney fees that may occur as a result of participation in said activity.

PART C – NORMATIVE DATA RELEASE

(Youth under 18 must have parent signature)

I understand that the participant may be invited to participate in Institute, State, or national assessments that yield normative data for purposes of establishing comparisons of statistical norms, and/or they may yield data that is specific to the participant, and that may become a part of the participants personal guidance file(s) for purposes of advising them in character or leadership development.

I further understand that information that is generated the participant in the course of these activities, events, or formal assessments intended to provide insight into the characteristics or levels of their leadership or character development, and that such information shall be included as appropriate in order to better advise and encourage the participant in purposeful leadership or character development.

Having been advised of the provision of Public Law 93-380, "Family Education Rights and Privacy Act of 1974" (a.k.a. FERPA), and in the connection with participation in the above named activities, I hereby authorize the release of any and all records to any professional staff of the Institute or the contracting organization who is/are deemed "appropriate" by the Superintendent, the Dean, the Commandant, the Principal, and/or the contracting organization.

PART D – TALENT, PHOTO AND VIDEO/AUDIO RECORDING RELEASE FORM

(Youth under 18 must have parent signature)

I authorize the Institute and its agents to record my appearance (and/or my property), likeness and participation on videotape, audiotape, film, photograph, digital, electronic or any other medium to use, reproduce, modify, distribute, and publicly exhibit such recordings, in whole or in part, without restrictions or limitation for any purpose that the Institute deems appropriate. I do hereby release to the New Mexico Military Institute all rights to exhibit this work publicly or privately, including but not limited to posting it on the NMMI website and simulcasting.

I release the Institute, its successors and assigns, its agents and all persons for whom it is acting from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form, whether intentional or otherwise, that may occur or be produced in the recording process, or any unintentional misspellings or inaccuracies and waive any right that I may have to inspect or approve the finished recordings. I understand that all such recordings, in whatever medium, shall remain the property of the Institute.

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CONFIDENTIAL PARTICIPANT MEDICAL INFORMATION FORM

The experiential education programs at the New Mexico Military Institute requires participation in physical exercises that are, by their nature, physically demanding. Reasonable steps have been taken to minimize risk and our staff places its highest priority on your "safety" and well-being on the course. However, it is also important for our staff to know of any medical and/or physical restrictions that would affect your ability to perform or otherwise engage fully in any of the events. In order to be aware of any restrictions that might compromise your ability to participate in all events, please complete the following medical information survey. Your responses shall be known to the staff in order to accommodate your needs, but otherwise shall be kept confidential. NMMI reserves the right to deny participation to anyone for any reason.

1	Name of Participant	Date of Birth	Gender	Age
2	Address	Email		
3	City / State / Zip			
4	Day Phone #	Evening Phone #		
5	In case of emergency, notify (Name)	Relationship to participant		
6	Address			
7	City / State / Zip			
8	Day Phone	Evening Phone #		
9	Name of Family Physician	Office Phone #	Date of last exam	

Medical Information

10a	Do you have health/accident insurance? (check one)	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If "yes", provide the Name of Insurance Company
10b	If "yes", provide Full Name of Policy Holder:	If "yes", provide Policy or Certificate Number:		

11 List any allergies (food, insect bites, bee sting, poison ivy, medications, etc.) _____

12 If you have allergies, please list any typical signs or reactions to those allergies

13 Do you wear a support brace? (check one) NO YES If "yes", where (knee, shoulder, etc.)

14 Have you had any serious disease or injury or surgery? (check one) NO YES If "yes", please explain

15 Do you carry a medical bracelet (check one) NO YES If "yes", reason/condition

16 Do you have any additional medical or physical conditions or restrictions that would limit your physical abilities? If so, please explain:

17 Describe your current exercise activity and level. _____

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Signing below indicates that you have read this release of liability and assumption of risk agreement, fully understand its terms, understand that you have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

In addition I understand that, unless specifically provided by the contracting organization or other governing body, the State of New Mexico, the Board of Regents, and New Mexico Military Institute do not provide medical coverage if the participant is injured while participating in this event. Any medical costs incurred as a result of this activity will be my responsibility to pay fully. The information provided herein by me is a complete and accurate statement of the physical factors that may affect my participation in the above said ropes course and its various events and activities. I realize that failure to disclose such information, or providing false information, could result in serious harm to fellow participants and/or to me. Furthermore, I give permission to NMMI's staff, administration, and/or medical staff, to provide medical treatment and/or transportation that may be deemed necessary to insure the well-being of the named participant.

PRINT *Participant's* Date of Birth (Day/Month/Year)

PRINT *Participant's* age as of today's date

PRINT *Participant's* Full Name

PRINT *Parent/Guardian's* Full Name
(if under 18 years of age as of today's date)

SIGN *Participant's* Full Name

SIGN *Parent/Guardian's* Full Name
(if under 18 years of age)

DATE of SIGNATURE (Day/Month/Year)

DATE of SIGNATURE (Day/Month/Year)

WHEN COMPLETED

This form may be

1. returned to: New Mexico Military Institute
Daniels Leadership Center
101 West College Boulevard
Roswell, NM 88201

or

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