

# Team COA

**PARTICIPANT NAME:** \_\_\_\_\_  
**GROUP NAME/ SCHOOL :** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**EMERGENCY CONTACT:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

I am aware, in signing this document for participation in Team COA, LLC Experiential Activities, Seminars and Workshops, that certain elements of the program can be physically, socially and emotionally demanding. I understand that although the professional staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e., cuts, bruises, scrapes, fractures, etc.). Furthermore, I am aware that certain risks and dangers exist in these activities that are beyond the control of the sponsoring agency and its staff.

I understand that Team COA, llc has the right to deny participation and that it is my responsibility (or my son/daughter/ward), as a participant to follow the safety standards, guidelines and procedures established by Team COA, llc. If, at any time, I do not understand specific instructions given by Team COA, llc, I realize that it is my responsibility (or my son/daughter/ward) to ask for clarification and/or assistance. I understand that I may give permission to be photographed and/or videotaped during my participation and acknowledge that Team COA, llc cannot be held responsible for actions of others outside of Team COA.

I am aware, in signing this document for participation in Team COA, llc Experiential Activities, Seminars and Workshops, that I authorize the leader of the event to secure such medical advice and services as deemed necessary for the health and safety of myself (or son/daughter/ward), and I agree to accept financial responsibility:

1. Where the health and well-being of the applicant is involved;
2. Where medical advice has been such that further services are required;
3. Where all reasonable attempts to contact the parent/guardian have failed or where, due to the nature of the emergency, there is insufficient time to contact the parent/guardian;
4. Where benefits of my provincial health insurance plan have been exhausted and additional loss of income and/or medical expenses are incurred.

I understand and assume all dangers (hazards and perils) and risks associated with this course and waive all claims or causes of action arising from my participation (or son/daughter/ward) in Team COA, llc Experiential Activities, Seminars and Workshops, against Team COA, llc and their subcontractors, agents, officers and employees and do hereby release Team COA, llc and their subcontractors, agents, officers and employees from liability and attorney's fees which I may ever have arising from the Program. Furthermore, I give my consent to group leaders or other medical personnel to treat me (or son/daughter/ward) in a medical situation. My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns on my behalf.

**Participants from your group can photograph and/or videotape you during your experience? YES NO**

**Team COA, llc can photograph and/or videotape you during your experience? YES NO**

If YES, we may use for promotional needs or for your school's use.

**Do you have any physical concerns that would prevent you from participating? YES NO**

If YES, please explain \_\_\_\_\_

**Do you need assistance from us in setting your own physical limits? YES NO**

If YES, what would you need from us to assist you with setting your own limits? \_\_\_\_\_

*\*Participants with a history of heart problems or high blood pressure are at risk while participating due to the emotional and physical demands involved. At other adventure programs, there have been instances where individuals with pre-existing heart conditions have suffered heart attacks and even death. Team COA cannot guarantee your physical safety should you choose to participate. Team COA, llc asks that all participants that have these types of problems consult their personal physician prior to participation.*

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**Participant Signature**                      **Date**                      **\*Parent/Guardian Signature- if under 18**      **Relationship**      **Date**

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