

ROOTS SCHOOL LLC

COURSE REGISTRATION FORM FOR MINORS



192 Bear Notch Rd.
Bradford, Vt. 05033

Course Name: _____
Location: _____ Date: _____

Personal Information

Participant's Name: _____ Age: _____
Parent/Guardian _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____
Current School and grade: _____
Phone (home): _____ (work): _____
(Cell): _____
Email address: _____
Gender: _____

How did you learn about ROOTS?

Previous courses attended with us, other schools, or relevant experience:

Guardian's Personal Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____
Occupation: _____
Phone (home): _____ (work): _____
(Cell): _____
Email address: _____

Emergency Contact Information

Contact name: _____
Relationship to contact: _____
Phone (home): _____ (work): _____
(Cell): _____
Address: _____

Back-up emergency contact: _____
Phone (home): _____ (work): _____
(Cell): _____
Address: _____

Medical History

Do you have any allergies (food, medication, insects, etc)? Yes No

If yes please explain what you are allergic to and the reaction:

Are you a vegan, vegetarian or do you have any other dietary concerns we should know about:

Are you currently under the care of a medical professional? If yes, please explain.

Are you currently taking any medications? If so, please list the medications and condition.

In the event of a medical emergency is there any additional medical history or problems we should be aware of?

Past operations or serious injury?

Behavioral concerns?

Physical or activity restrictions?

Date of last tetanus shot?

Do you have health insurance? _____

Name of insurance company: _____

Contact information: _____

ID #: _____

Group #: _____

Primary Physician: _____

Physician's Phone #: _____

Name of insured and relationship to you: _____

NOTE: YOU MUST READ AND SIGN THIS FORM PRIOR TO PARTICIPATING IN ANY ROOTS School, LLC program.

YOUR NAME _____ DATE OF BIRTH _____

(Please Print)

Please **do not** add me to the Roots School **mailing list**: ___

Photo Release

I hereby allow ROOTS School LLC to take and use my photograph in advertisements: YES NO

Rules and Regulations

Roots School, LLC will not allow illegal drugs and/or alcohol at classes, nor will we admit students who are under the influence of illegal drugs and/or alcohol. Roots School, LLC reserves the right to ask students who do not follow our safety guidelines, respect instructors and other students, and/or adhere to the guidelines set forth in class orientation, to leave the class without refund.

I ----- (Print Name) agree to the above rules and regulations.

X _____ (Signature) _____ (Date)

RELEASE WAIVER: Please read carefully and initial each paragraph.

____ ROOTS School LLC takes reasonable care to prevent serious injuries and to minimize accidents. I am fully aware that ROOTS School LLC programs, even under the safest conditions possible, may be dangerous, and I hereby agree to knowingly and voluntarily accept full responsibility and assume all risks, including those caused by acts of God, injury, death, and/or loss to me and/or my property. I agree to obey the rules and regulations set down ROOTS School LLC in order to minimize these risks.

____ I knowingly, voluntarily, and irrevocably waive any and all claims, of any sort whatsoever, arising from my participation in or observation of, any Roots School LLC program. I certify that I am physically able to participate in the said ROOTS School LLC programs despite the rigors and dangers inherent in such an undertaking. I accept all responsibility for any injury, death, and/or loss to me or my property, including by acts of God, for the rigors and dangers inherent in this undertaking.

IN CONSIDERATION of being permitted to participate in any way in the activities of training by ROOTS School LLC Programs, I acknowledge and agree that:

____ 1. The risk of injury from the activity involved in ROOTS School LLC Programs is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, the risk of serious injury does exist;

_____ 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability herein, and assume full responsibility for my participation; and,

_____ 3. I understand that the activities of ROOTS School LLC Programs are physically and mentally intense. I agree to comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest staff member as soon as practical; and,

_____ 4. I, for myself and my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS FROM LIABILITY ROOTS School LLC, the instructors of ROOTS School LLC Classes, as well any volunteers, and the host of ROOTS School LLC Programs , WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.

_____ 5. I understand and agree that this Release of Liability Agreement covers each and every ROOTS School LLC activity and event in which I participate hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed: _____ Phone #: _____

PARTICIPANT'S SIGNATURE

ADDRESS CITY, STATE ZIP CODE

**FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

All forms of outdoor activities such as, but not limited to, hiking, swimming, climbing, field games, and other outdoor activities have inherent risks and can be hazardous. Our staff is trained in dealing with emergency situations and will strive to safeguard your child's physical and psychological well being at all times. As the parent or guardian of the minor child named below, I am fully aware of these risks, and realize that injuries are a possibility no matter how attentive a caregiver or counselor may be. I accept the full responsibility for any such damage or injury of any kind that may result from the actions of the minor child enrolled in this program.

In the event of an emergency, I understand that ROOTS School will do all in their power to reach me and/or the emergency contacts I have provided. In the event that I cannot be located immediately, my signing below authorizes the staff of ROOTS School to procure emergency medical attention for the child named below.

Child's name: _____ **Date:** _____

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of Releasee but also to release and indemnify the Releasee from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

X _____
PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE #(S)

X _____
PARENT/GUARDIAN'S PRINT NAME

Date Signed: _____

Course Enrollment Requirements and Cancellation Policy

All courses are filled on a first come first serve basis. The size of each class will be limited to a number that allows participants to receive an exceptional level of experience and education. Unless a class is specifically for children or families you must be at least 18 years old to attend all Roots School courses. If any person under 18 would like to attend a class please call Roots School and speak with us personally. Each student must sign a liability waiver prior to participation in a class. A \$50.00 non-refundable deposit is required with your application form (with the exception of the bow class, which requires a \$100.00 deposit); the remaining balance will be due on the first day of the class. If you cancel your reservation for a class two weeks prior to the start of the course, you will be able to transfer the full amount of your deposit to another course. The transferable deposit may be applied toward the cost of another course within 12 months of the original course date. If Roots School is not notified of your cancellation two weeks prior to the class, you will be charged the full amount of your deposit. Please allow two weeks for the office to process your registration form and deposit. Your reservation will be confirmed when you receive a letter with additional course information and registration confirmation. Full refunds are only made in the unlikely event that we need to cancel a course. If a course is canceled Roots School is not responsible for any additional cost due to the cancellation or date change.

Payment

Please return this application form with a deposit. Deposits vary according to the course and are listed on our website. Your deposit will be applied toward the cost of the course; the remaining balance will be due on the first day of the class. We accept cash, traveler's checks, checks, money orders, and credit cards online. Please make checks payable to Roots School LLC.

Privacy Statement

All personal and medical information included in the registration form is used only by Roots School. E-mail and mailing addresses are never shared or sold with any other organization and will only be used by Roots School LLC.

Please allow 2 weeks to receive confirmation and follow up information.

Please Send My Confirmation by Postal Mail.

Please Send My Confirmation by e-Mail.
(Check one of the above)

ROOTS School

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