



CORNERSTONESNE PROGRAM WAIVER FORM

Dear Team Member:

We at CornerstonesNE look forward to meeting and working with you. The following information should assist you in having a successful experience.

The teambuilding program or event designed for your group is based on the **Experiential Learning** approach. This approach involves “learning by doing” and provides opportunities for positive personal and team growth for participants in an active and safe learning environment. It is important to note that you do not need to be physically fit to participate in our program. It is also important to note that all our programs operate under a “**Challenge by Choice**” philosophy, and while being encouraged to participate, you will not be forced into any activity that you feel is not right for you.

It is important that you are comfortable for the day’s challenges. We suggest you wear:

- . Comfortable and loose fitting clothing
- . Athletic shoes (running shoes, trail running boots etc.) No open-toed or high-heeled shoes
- . Hat, sunscreen, sunglasses (if conditions and locations warrant these decisions)

It is important that you fill out and sign this medical & release of liability form completely and honestly. The information collected will remain confidential and assist us in maintaining your safety. **Note: those individuals who do not complete the form will not be able to participate in the program.**

If you have any other questions, do not hesitate to call our main office at 860-881-9161.

Sincerely,

The CornerstonesNE Team

I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in Cornerstones team building programs. I recognize the inherent risk of injury or disability in these activities, and I assume this risk in the consideration of the services provided to the undersigned, which may occur while using these services. I understand my image may be used by Cornerstones Northeast Team Building, its sponsors of this program, its officers, employees, volunteers, vendors and agents to promote its programs on social media and its promotional material.

NAME (print): _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____