

AGREEMENT FORM

Group Name or Affiliation: _____ Website: _____

Group Leader Name: _____ Phone: _____

Day of Course Contact Information (Name/Cell Phone): _____

Billing Address or M/S: _____

City: _____ Zip Code: _____ Email: _____

Course Date: _____ Start Time: _____ Finish Time: _____

Age Range and/or Grade Level: _____ Maximum Number of Participants: _____

Type of Programing: (Low Element __) (High Element __) (Low/High Element __) (Portable/ Custom __)

Group and/or Individual Goals (please specify): _____

Please provide any high level themes you are currently working with your team on: _____

List any information that might assist the E.D.G.E staff in designing the best possible program for your group (i.e. what does your group do on a day-to-day basis). Also, please list any special accommodation needs for your group.

Fitness Level of Group: (Low __) (Moderate __) (High __)

How well does your group know each other on a scale of 1-5? (5 being very well, 1 being not at all) _____

Has anyone from your group attended the E.D.G.E.? (if so, when and what group?): _____

Waivers: Acknowledgement of Risk forms should be completed prior to arriving at the course. Any minors (under 18 years) must have parental permission. Please bring these with you the day of the course.

Mental and Physical Readiness: Be ready to accept new challenges and assist in a cooperative atmosphere. Activities will vary from non-physical problem solving initiatives to fast moving games. Activities may be strenuous for some. These activities are **challenge by choice**. Each participant will decide the threshold of challenge he or she will undertake.

The Welcome to the E.D.G.E information page provides details on directions/maps, what to bring, and any other information you may need for your experience on the E.D.G.E Challenge Course.

Group Sponsor Signature: _____