



Adventure Learning Programs (ALPs) University of Wisconsin - Madison
 Center for Leadership and Involvement, Rm. 309 Red Gym, 716 Langdon St., Madison, WI 53706
 PH: (608) 263-4663 E-mail: alps@studentlife.wisc.edu

PARTICIPANT INFORMATION FORM

Name: _____
 Group: _____ Workshop date: _____
 Allergies: _____
 Emergency contact: _____ Contact number: _____

Are there any medical concerns which might affect your ability to participate?

Please consult your ALPs facilitator with any questions or concerns about your participation in today's activities

Your signature below indicates that the above information is accurate and current to the best of your knowledge.

 Participant/Parent Signature Printed Name Date

I hereby grant permission to Adventure Learning Programs (ALPs) to use my likeness in a photograph and/or videotape to be included in publications (such as, **but not limited** to: ALPs website, brochures, promotional materials) by this ALPs.

Participant/Parent Signature: _____ Date: _____ Yes No (circle one)

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 ALPs is funded in part by Associated Students of Madison (ASM)



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