



## CHALLENGE COURSE PARTICIPANT INFORMATION & RELEASE OF LIABILITY

### DISCLOSURE

Challenge course programs involve a variety of activities that often include warm-ups, games, group initiative problems, and high and low ropes course elements. The level of participation in all challenge course activities is at all times completely voluntary and up to the individual's choice. Yet there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury or disability.

Policy for participation in the Alto Frio challenge course requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so they are prepared to respond appropriately if the need arises.

**This information will be read by your Alto Frio course facilitators ONLY and kept in strict confidence.**

### Part I. General Information (please print)

1. Name \_\_\_\_\_
2. Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Home phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_
4. Age \_\_\_\_\_ 5. Height \_\_\_\_\_ 6. Weight \_\_\_\_\_ 7.  Male  Female
8. Person to be notified in case of emergency \_\_\_\_\_
9. Emergency contact phone number (home) \_\_\_\_\_ (work) \_\_\_\_\_

### Part II. Medical Coverage & History

1. Do you have health/accident insurance?  YES  NO

Name of Company \_\_\_\_\_ Policy # \_\_\_\_\_

2. Please check if you have or have had any problems with the following:

- 1  Problem with hearing – require hearing aid
- 2  Dizzy spells, fainting, convulsions
- 3  Shortness of breath, asthma on exertion
- 4  Chest pains on exertion
- 5  Heart problems
- 6  Low or High blood pressure
- 7  Hernia
- 8  Chronic pain in neck, back, shoulders, arms or legs
- 9  Broken bones, joint dislocations, serious sprains, weakness of muscles
- 10  Joint pains, swelling or stiffness without injury
- 11  Any severe injury to head, chest, internal organs
- 12  Any surgeries
- 13  Severe illness requiring hospitalization or prolonged incapacitation
- 14  Episodes of depression, anxiety, hysteria, nervousness

15 \_\_\_ History of diabetes, thyroid trouble, bleeding problems

16 \_\_\_ Currently on any medications? If so, what? \_\_\_\_\_

If you marked any of the medical issues listed, please list details below according to item number. Please be specific! ( e.g. Include item#, dates, history of condition, medications,etc.) \_\_\_\_\_

\_\_\_\_\_

Any other conditions that might effect your safe participation in this program? \_\_\_\_\_

\_\_\_\_\_

Are you allergic to any of the following?

Medications - \_\_\_\_\_

Insect bites - \_\_\_\_\_

Other - \_\_\_\_\_

In your own words, give a brief description of your overall general health condition.

\_\_\_\_\_

\_\_\_\_\_

#### RELEASE OF LIABILITY

I understand that parts of the Alto Frio challenge course program may be physically/ emotionally demanding. 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 challenge course activities. I understand that the level of participation in these activities is at all times completely voluntary and up to the individual's choice. Also, I recognize the inherent risk of injury or disability in challenge course activities and understand that each participant must assume the risk of injury that could result from any of the activities. I release Alto Frio Baptist Encampment and it's staff members, principals, and board from all liability for any injury to me from participation in Alto Frio challenge course activities.

Date \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Above name PRINTED \_\_\_\_\_

Parent or Guardian's Signature (if participant is under 18 years)