

Challenge Course Participant Agreement, Medical Release and Release of Liability

Participant Name (please print): _____

Parent/Guardian Name (if minor): _____

Initial below to indicate that you have read, understand and agree to the section following your initials. *Parents/guardians should initial on behalf of the minor participant after discussing each point with them to ensure that both the participant and the parent/guardian understand.*

_____ I state that I am not now and/or will not be under the influence of any controlled substance when present at any activity sites or while participating in or using any challenge course structures. I realize that participating in/using the Challenge Course under the influence of a controlled substance would endanger me and others.

_____ I give consent to Girl Scouts of Eastern Iowa and Western Illinois (GSEIWI), their employees and emergency medical personnel to treat me if they deem it to be medically necessary.

_____ I agree to accept financial responsibility for any medical expenses and/or loss of income not covered by my Insurance Policy that result from my participation in or use of any challenge course structures.

_____ I understand that Challenge Course structures are by their nature, physically and emotionally demanding and that participating in these activities may involve risks such as walking, bending, twisting, pulling, running, jumping, climbing, swinging, increased heart or breath rates and/or physical contact with others.

_____ I understand that although GSEIWI staff will make every effort to minimize exposure to known risks, not all dangers and hazards can be prevented (i.e. cuts, bruises, scrapes, fractures, dislocations, fatalities, etc.)

_____ I understand that my participation is voluntary and that I have the right and responsibility to limit my participation in any activity that I believe will compromise my safety, and agree to notify GSEIWI staff if I have safety concerns. I understand that GSEIWI practices "Choose Your Challenge" philosophy. This means, if I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation.

_____ I understand that GSEIWI staff has the right to deny my participation and that it is my responsibility as a participant to follow instructions, guidelines and procedures established by the facilitators/trainers. If at any time, I do not understand or have not heard specific instructions, I realize that it is my responsibility to ask for clarification and/or assistance before any participation.

_____ I understand and assume all dangers and risks (Both known and unknown) associated with my presence at any activity sites or participation in or use of the Challenge Course structures and waive, release and discharge GSEIWI and their agents, officers and employees from any and all claims or causes of action arising from such presence or participation. I do hereby release GSEIWI, its agents, officers and employees from any and all liability, even if arising from the negligence of the releases. I do hereby agree to indemnify and hold harmless GSEIWI its agents, officers and employees for any accidents, injury, loss or damage of property, and from any legal fees that I may ever have as a direct or indirect result of said presence or participation. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.

_____ My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin and assigns on my behalf.

By signing below I am agreeing that I have carefully read and agree to all of the sections initialed above. I am also verifying that the information listed on the health form is complete and accurate to the best of my knowledge.

Participant Signature (Minors must sign) Date

Participant/Guardian/Legal Representative Signature Relationship Date



Challenge Course Participant Health History

Name: _____ Date: _____

Address: _____

Insurance Company: _____

PLEASE READ: This form is intended to remind leaders and participants of the seriousness of attempting participation on challenge course elements, climbing structures and/or participation in any adventure based activity or game with an old, preexisting injury, a heart condition or other known medical condition which might be aggravated by the event or cause harm to others.

QUESTIONS

- | | | | |
|----|---|-----|-----------|
| 1. | Any preexisting injuries that might be aggravated by participating? | YES | NO |
| 2. | Are you currently taking any medications? | YES | NO |
| 3. | Do you have any heart problems or take heart medication? | YES | NO |
| 4. | Do you have high or low blood pressure? | YES | NO |
| 5. | Do you have any allergies (food, bees, medications?) | YES | NO |
| 6. | Do you have any physical limitations? | YES | NO |
| 7. | Current level of daily activity | LOW | MED. HIGH |

If you answered yes to any of the questions above please explain below and discuss with your group facilitator.

Signature: _____

Parent/Guardian Signature – if minor: _____

Emergency Contact: _____ Relationship: _____

Contact Number: _____