

PART I: GROUP INFORMATION

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|---|--|----------------------------------|
| Name of Your Organization (Business, School, Church, Group, etc.) | Name of Your Organization's Group Leader | Date of Challenge Course Program |
|---|--|----------------------------------|

PART II: ABOUT PHYSICAL REQUIREMENTS & MEDICAL CONDITIONS

You are about to participate in a challenge course program. You may experience a variety of physical and mental challenges. For most of the time, you will be undertaking activity which is best described as moderate exertion, comparable to normal walking, raking leaves, paddling, light calisthenics, etc. There may be situations during the program where you may experience vigorous exertion. This is comparable to slow jogging, tennis, swimming, shoveling snow, basketball, or climbing a ladder.

If these types of activities are difficult for you, we would like you to discuss your participation in the course with a physician who knows your health history. If these are activities in which you regularly engage without difficulty, you should be fit for participation.

If any of these specific medical conditions apply to you, you must consult with a physician before participation. If you or your physician has any questions about these conditions or about challenge course activities, feel free to contact us at (443)-262-2710.

- **Pregnancy:** wearing a climbing harness may not be advised. Consultation with physician is highly recommended.
- **Kidney or liver transplant:** climbing harness could injure transplanted organ.
- Healing **fracture** or **joint** injury: should be cleared by the treating Physician.
- Recent **surgery:** should be cleared by the treating Physician.
- **Down syndrome:** should have x-ray check for neck instability as per recommendations of the Special Olympics.

I have reviewed this material and **have NOT consulted with my physician.** I believe that I am fit to participate in the challenge course program. I understand that I am not required to complete any event or activity and am free to modify my participation at any time.

I have reviewed this material and have consulted with my physician if appropriate. I believe that I am fit to participate in the challenge course program. I understand that I am not required to complete any event or activity and am free to modify my participation at any time.

If you have any special needs or conditions that will help us to accommodate your experience, please explain below, use back of page if necessary:

(If you are over 250 lbs.) I understand that because my body weight exceeds 250 lbs., I am unable to participate in Giant Swing, Zipline, Power Pole or other high element events due to challenge course safety protocols. *(Our construction vendor has established this number as a safe working load for our fall arrest systems).*

PART III: PARTICIPANT INFORMATION

| | | |
|---|--|---|
| Participant's Full Name (First, MI, Last) | Date of Birth (Optional – for medical purposes) / / | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address (Number, Street, Apartment, Suite) | City, State, Zip Code | |
| Home Phone | Cell Phone | Work Phone |
| Email Address (see last check box in Part VI for explanation) | | |

PART IV: EMERGENCY CONTACT In the event of an emergency, indicate an additional person to be notified.

| | | |
|--------------------------|---------------------|------------|
| Emergency Contact's Name | Relationship to You | |
| Home Phone | Cell Phone | Work Phone |

PART V: INSURANCE INFORMATION Are you covered by medical/hospital insurance? Yes No

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|--|------------------------|
| Insurance Plan Name or Insurance Company | Group or Member Number |
| Name of Insured | Relationship to You |

PART VI: DISCLOSURES, RELEASE OF LIABILITY & ACKNOWLEDGMENT OF RISK

| | |
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| <input type="checkbox"/> Yes <input type="checkbox"/> No | I recognize and acknowledge that although the program has been carefully designed with safety in mind and will be operated by well-trained staff, the risk of injury or disability cannot be totally eliminated. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | In the event of illness or injury, consent is hereby given to provide emergency medical care or hospitalization. I affirm that the information provided above on this form is accurate and complete. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I agree to hold Challenge Applications LLC and its independent and sub-contractors harmless if full disclosure of a pre-existing medical condition has not been provided. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I release Challenge Applications LLC, its independent and sub-contractors from all liability not directly related to the actions of the Challenge Course Program staff members. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I authorize photo / digital media release for Challenge Applications marketing and training purposes. We do not release your personal information or media to any third party sources. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I agree to permit Dan Ashe and/or Challenge Applications LLC to contact me via email to communicate information. |

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|--------------------|-------------------------|--------------|
| SIGN HERE → | Participant's Signature | Today's Date |
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