



KSU Challenge Course

PARTICIPATION AGREEMENT, MEDICAL RELEASE AND RELEASE OF LIABILITY FORM

Participant Name: _____ Parent/Guardian Name (if younger than 18): _____
(Please Print) (Please Print)

Initial below to indicate that you have read, understand, and agree to the section following your initials.

Parents/Guardians/Legal Representatives should initial on behalf of participating Minors after discussing each section with them, indicating that both the Minor and the Parent/Guardian/Legal Representative agree to each section.

_____ I state that I am not now under the influence of any chemical substance including alcohol, and that I will not be under the influence of any substance when participating in the KSU Challenge Course program. I realize participating in Challenge Course/Climbing Structure activities while under the influence of a substance would endanger others and myself.

_____ I am aware that I might be photographed and/or videotaped during my participation, and authorize such photographs and/or videotapes to be used by KSU Challenge Course in training or promotional materials at any point in the future. I understand that my name will not be used and/or published in any way, and that I will not receive compensation for the use of such photographs and/or videotapes.

_____ I give my consent to KSU Challenge Course employees and to emergency medical personnel to treat me if they deem it to be medically necessary. I authorize the KSU Challenge Course staff to secure such medical advice and services as they feel necessary for my health or well-being. I give permission for emergency anesthesia and/or surgery that might be necessary due to an illness or injury occurring during my participation.

_____ I agree to accept financial responsibility for any medical expenses and/or loss of income not covered by my Insurance Policy that occurs as a result of my participation in the KSU Challenge Course program.

_____ I agree that my use of the KSU Challenge Course is a recreational use of this Kansas State University Facility.

RELEASE OF LIABILITY

_____ I understand that Challenge Course/Climbing activities are, by their nature, physically and emotionally demanding, and that participating in the KSU Challenge Course program may involve risks such as bending, twisting, lifting, running, jumping, climbing, swinging, increased heart or breath rates, heights of 40 feet or more and physical contact with others.

_____ I understand that although KSU Challenge Course staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be prevented (i.e. cuts, bruises, scrapes, fractures, falls, death, etc.). I am aware that certain risks and dangers exist in the activities that are beyond the control of KSU Recreational Services and their employees.

_____ I understand that these activities take place outdoors, therefore possibly exposing me to elements such as: extreme heat, cold, sunlight, dehydration, bugs, spiders, ticks, poison ivy, etc

_____ I understand that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety, and agree to notify a KSU Challenge Course employee if I have safety concerns. If I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation.

_____ I understand that the KSU Challenge Course staff has the right to deny my participation and that it is my responsibility as a Participant to follow the safety guidelines and procedures established by the Facilitator(s). If, at any time, I do not understand or have not heard specific instructions given by the Facilitator(s), I realize that it is my responsibility to ask for clarification and/or assistance.

_____ I understand and assume all dangers and risks (both known and unknown) associated with my participation in the KSU Challenge Course program and waive, release and discharge Kansas State University, the State of Kansas, and their agents, officers and employees from all claims or causes of arising from my participation. I do hereby release Kansas State University, the State of Kansas and their agents, officers, and employees for any and all liability, even if arising from the negligence of the releases, and agree to indemnify and hold KSU Challenge Course harmless 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 participating in the KSU Challenge Course program. This release, indemnification, and waiver shall be construed broadly to the maximum extent available 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 History Form is complete and accurate to the best of my knowledge. (Please complete the Health History Form on the other side prior to signing this document).

PARTICIPANT SIGNATURE (Minors must sign)

DATE

PARENT/GUARDIAN/LEGAL REPRESENTATIVE SIGNATURE

RELATIONSHIP

DATE

(Required if Participant is 18 years of age or younger)

KSU Recreational Services, 101 Peters Recreation Complex, Manhattan, KS 66506 - 785-532-6980

<http://recreationservices.k-state.edu/challengecourse/> - tredeker@ksu.edu - 785-532-4983 (fax)



KSU Challenge Course

PARTICIPANT HEALTH HISTORY FORM

Participant Name: _____ Email Address: _____

Address: _____

City/State/Zip: _____ Phone: (____) _____

Gender: m Male m Female Date of Birth: _____

Medical Policy: _____ Number: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number Day: (____) _____ Evening: (____) _____

Emergency Information: *Please list current medications, allergies to medicine and other medical alert information that we need to be aware of:*

Are you younger than 18 years of age: m YES m NO

If YES, you need to have a parent/guardian sign the Release of Liability and Medical Release Form in order to participate.

Do you require an inhaler for Asthma attacks? m YES m NO

If YES, it is your responsibility to make sure that your prescribed inhaler is readily available during the program.

Are you allergic to bee stings or other insect bites? m YES m NO m UNKNOWN

If YES, it is your responsibility to make sure that your prescribed medication or shot(s) are readily available during the program.

Do you have Diabetes: m YES m NO

If YES, it is your responsibility to make sure that you have food or prescribed medication readily available during the program.

Do you have a history of seizures? m YES m NO

If YES, do you want an ambulance called if you experience a seizure while participating in this program? m YES m NO

If you have a history of heart problems or high blood pressure – You are at risk if you participate physically in this program. There is historical evidence that some individuals with pre-existing heart conditions have suffered heart attacks, strokes, and/or death after participating in a Challenge Course/Climbing program. Due to the emotional and physical demands inherent to the activities, you may be jeopardizing your health and well being if you choose to fully participate. You should consult your physician prior to attending the program.

If you are pregnant – You and your unborn child are at risk if you participate physically in this program. Unintentional impacts to your abdomen can occur during many of the activities that involve physical contact. If climbing is a part of your program, you will be required to wear a harness that puts pressure on your abdominal area and back. Due to the types of physical demands inherent to the activities, you may be jeopardizing your health and well being, as well as the health and well being of your unborn child, if you choose to fully participate. You should consult your physician prior to attending the program.

If you are recovering from broken bones, dislocated joints, sprains, strains, back or neck injuries – You are risking re-injury if you participate physically in this program. You should consult you physician prior to attending.

If you have an enlarged organ, are a transplant recipient, or have Downs Syndrome – You are risking injury to weakened areas of your body. You should consult your physician prior to attending the program.

Participating in this program may involve bending, twisting, lifting, running, jumping, climbing, increased heart or breath rates and physical contact with others. Unexpected strains or jolts to your body can occur.

Do you have any concerns that might limit your participation in physical activity? m YES m NO

If YES, please explain: _____

KSU Challenge Course recommends that you do not physically participate in activities that you think might put you at risk. If you are concerned, your Facilitator can provide you with a less physical way to stay involved.

Do you anticipate needing physical assistance from us during your participation? m YES m NO

If YES, what can we do to assist you? _____

If you have any questions regarding your program, please contact KSU Recreational Services.

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