

Marshall Anderson Challenge Course
Elmore County Board of Education
MACC Adventure Based Programs

Disclosure

Elmore County School System/MACC Adventure Based programs involve a variety of activities that often include warm-ups, games, and group initiative problems; high and low ropes course elements, and other rigorous physical adventure activities. The level of participation in an Adventure Based program activity is at all times completely up to the individuals' choice. Yet, there is a risk, which must be assumed by each participant, that he/she may suffer an emotional or physical injury and disability.

Policy for participation in all Adventure Based programs requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting the programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete this form and return it to MACC prior to participating in any activities.

Informed Consent/Medical/Information/Photo Release

Release of Liability

I understand that parts of the Adventure Based Program may be physically or 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 Adventure Based activities. I recognize the inherent risk of injury or disability in Adventure Based Activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities.

I am not under the influence of any chemical substance including alcohol. Understanding that any physical activity involves the risk of increased heart rate and/or injury, I understand that my participation in programs with MACC is entirely voluntary. My family and I release MACC, ITPC, Elmore County Board of Education, its employees, staff, and other agents from any claims or liability arising out of my participation in Adventure Based Activities.

I give my permission to be photographed or videoed while participating on the challenge course. These pictures may be used for publicity for the course and the program. I do not expect to be compensated for this usage.

FORM MUST BE COMPLETED IN FULL

Name: (please print) _____ Date: _____ Telephone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Name of Personal Physician: _____ Telephone: _____

Emergency Contact: _____ Telephone: _____

Do you have health/accident insurance? YES NO If so, list Name of Company and Policy Number: _____

Do you have any limiting physical or health disabilities? YES NO If yes, explain: _____

Are you taking any medication, prescribed or otherwise? If so, list medication and condition: _____

List known allergies to medications or otherwise: _____

Are you allergic to Bee stings? Yes No Ant bites? Yes No Do you have sting kit? Yes No

Do you wear contact lenses? Yes No are you pregnant? Yes No

Do you have any of the following symptoms or conditions: (Check if yes?)

- | | |
|--|--|
| <input type="checkbox"/> Heart Disease or Heart Attack | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Chest Pains, Palpitations or Heart Murmur | <input type="checkbox"/> Drug Reactions |
| <input type="checkbox"/> Have you ever had a stroke? | <input type="checkbox"/> Back, Neck or Knee Problems |
| <input type="checkbox"/> Do you have Diabetes? | <input type="checkbox"/> Recent Injuries |
| <input type="checkbox"/> History of Heart Disease, High Blood Pressure or Stroke in family | |

If you checked any of the above, please explain each on the back of this form.

List any other condition (s) we should be aware of: _____

Course Title: Marshall Anderson Challenge Course

Signature **of participant/guardian _____

**Indicates understanding of the above information and a release to treat, in the event of an emergency.

**Parent Guardian Signature(s) if participant fewer than 18 years of age

* Printed Name of Parent Guardian(s) _____ Emergency Telephone: _____