

Challenges Northwest

DISCLOSURE: Teambuilding and challenge course

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

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

CHALLENGE BY CHOICE

Challenge course and team building programs are composed of activities that may be very unfamiliar to all participants. To insure our participants control over their own personal safety, we have adopted the philosophy of "challenge by choice". At all times, participants in Challenges Northwest Inc. activities are completely in control of their own level of participation. During our programs you only need to do or attempt to do only those things that you choose. You must listen carefully to all instructions and briefings, set your own goals free of the influence of the groups, make a decision as to your level of participation and inform others of your choice. No one will force you to do anything, the choice is clearly your own. However, you may perceive pressure to push yourself and we encourage you to tell the group if this happens. During the program, we will provide a challenge setting in which you can expand your limits, while supporting your personal boundaries.

RELEASE FROM LIABILITY

I, the undersigned, assume and understand that there are inherent risks of bodily injury or damage to property, that accompany my participation in Challenges Northwest Inc. activities. By signing below, I acknowledge that I have fully satisfied myself as to the nature of the activity or activities that I will be participating in, the risks associated with each such activity, and the concept of "challenge by choice", and my responsibility to know my own limits.

I affirm that my health is good and that I am not under a physicians care for any undisclosed condition that bears upon my fitness to participate in Challenges Northwest Inc. activities. I understand that I am free to choose not to participate in any activity offered by Challenges Northwest Inc. Having chosen to participate in an activity and accepting the full responsibility for my own choices. I here by release Challenges Northwest Inc., its staff members, and any and all other persons employed by Challenges Northwest Inc. or participating as instructors or counselors in these activities, from any and all liability for negligence causing bodily injury, emotional injury, or loss of property.

This release is binding upon my heirs, executors, and assigns

Signature of Participant

Date of Birth

Signature of Parent/ Legal Guardian if under 18 years of age

Address

Home Phone _____ **Business Phone** _____

Photo Media Release

I, _____, grant Challenges Northwest Inc. and persons acting for or through them, the right to use, reproduce, assign, and / or distribute photographs, films, video tapes, and sound recordings of myself for use in materials they may create.

Date _____ **Signature** _____

PLEASE COMPLETE OTHER SIDE

Challenges Northwest

Every individual participating in a challenge course is encouraged to carry his or her own health / accident insurance coverage; Challenges Northwest Inc., does not provide coverage for its participants. Certain health / medical information must be made know to our instructor {s} conducting the program so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please note that Challenges Northwest Inc. can not make a medical determination for you of your physical fitness to participate in the program. Only you and your physician can do that. Please complete this form prior to participating in any activities.

PARTICIPANT MEDICAL / HEALTH INFORMATION

1. Name: _____

2. Do you have health/accident insurance Yes _____ No _____

If yes, name of company: _____

3. Do you have limiting physical disabilities or handicaps (temporary or permanent)? _____

Yes _____ No _____

4. Have you had or do you have any of the following:

a. Dizzy spells, fainting, convulsions, persistent headaches? Yes _____ No _____

b. Shortness of breath or chest pain? Yes _____ No _____

c. Heart, circulatory, or blood problem? Yes _____ No _____

d. Back or skeletal problems? Yes _____ No _____

e. Allergies? (specify) _____ Yes _____ No _____

f. Any phobias? (specify) _____ Yes _____ No _____

g. On any medications? List _____ Yes _____ No _____

h. Are you allergic to bee stings? Yes _____ No _____

i. Other medical conditions affecting your participation? Yes _____ No _____

j. If you answered YES to questions a-j please explain: _____

5. Has a physician advised you that you cannot or should not participate in physical activities or that you should not do so at this time without his/her permission? Yes _____ No _____

NOTE: If you answered YES, please explain: _____

I herby state that the above information is true and accurate to the best of my knowledge AND I herby consent and give my permission to receive emergency medical care if it is deemed necessary.

*

Signature of parent/guardian OR (18 years and older participant) Date _____

Person to contact in case of emergency: _____ Phone: _____

PLEASE COMPLETE OTHER SIDE