

GEORGETOWN

C O L L E G E

Challenge Course

INFORMED CONSENT-LIABILITY RELEASE

I am aware and understand that participating in the **Georgetown College Challenge Course** program involves a potential risk of physical injury and I understand that the programs can be physically demanding and potentially dangerous. I agree and hereby state that I am solely responsible for my own participation and for my own physical and emotional well-being. I am aware and understand that all of the program activities are strictly voluntary and it is my own choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities, and medical condition. I further state that, in choosing to participate, I am not under the influence of any chemical substance including alcohol. I willingly and knowingly assume for myself, my heirs, family members, executors, administrators and assign all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and hereby agree to hold **Georgetown College**, its employees, its instructors, facilitators, and agents harmless for any liability arising out of my participation in the program. Should Georgetown College or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify (to shift the responsibility for payment of damages to someone else) and hold Georgetown College harmless for all such fees and costs. This release does not, however, apply to any physical injury or emotional harm caused by negligence or willful misconduct of **Georgetown College**, its employees, its instructors, facilitators, and agents.

I give permission to allow pictures taken of me to be used in publications such as the brochure and web site.

I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Name (please print)

Group/Institution/Company

*

Signature

Date

*If the participant is under the age of 18, their parent or guardian must also sign below.

Parent/Guardian Signature

Date

Your Name (Please Print) _____

Age _____

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MEDICAL QUESTIONNAIRE

Please read: This form is intended to remind staff and participants of the seriousness of attempting adventure activities with an old, pre-existing injury, heart problem or other conditions that might be aggravated by the event.

Questions

Response

- | | | |
|---|-----|----|
| 1. Any pre-existing injuries (ankles, knees, back, etc.) that may be aggravated by the event? | Yes | No |
| 2. Taking any current medication? | Yes | No |
| 3. Any heart problems or heart medication? | Yes | No |
| 4. Do you have high blood pressure? | Yes | No |
| 5. Do you have any allergies (food, bees, insects), reactions to medications or physical limitation? | Yes | No |
| 6. Do you foresee any problem participating in the upcoming Challenge Course activity due to a lack of physical exercise? | Yes | No |

If you responded yes to any of the above questions, please explain.

In case of emergency, contact: _____

Phone: _____

Participant - please read and sign

I have honestly disclosed to the staff any medical, psychological or personal reasons that might affect my safety or the safety of others during these events. I will remember that a Challenge by Choice atmosphere exists at all times and I should not feel pressured to participate. I certify that I have adequate insurance to bear any additional cost of such injury or damage.

Signature

Date