

TEAM Challenge Course Informed Consent

Participant Name: _____ JAC# _____

By signing the bottom of this document you are attesting to the fact that you have read and understand it.

During this experience, you will encounter an environment and hazards that are different from those that you encounter in daily life. While many safety systems have been put into place, there is no way that we can guarantee your safety. Knowing that being informed mitigates the human factor, this information is to provide you with some knowledge about the risks of using a challenge course so that you can be an integral part of the safety system. This is by no means a complete list of hazards associated with challenge courses. While it is impossible to eliminate all of the risks, it is possible to **help lessen the hazards for yourself and group participants by observing all safety rules and procedures** presented and being aware of possible and potential risks. The following are a partial list of risks associated with this challenge course:

- Blow from falling objects
- Fall from heights
- Heat related illness, such as heat exhaustion or heat stroke
- Dehydration
- Physical exertion beyond normal
- Injury to limbs, joints, body from the challenge course structure
- Severe abrasion from challenge course surface
- Awkward footings
- Action from other participants
- Actions of non-participants
- Rope burns/abrasion
- Tendonitis from repetitive stress
- Injury from personal effects: jewelry, sharp objects in pockets
- Failure of safety systems during climbing
- Head injury from climbing impact with the challenge course, other climber, ground
- Death from above mentioned trauma

It is important that the participant understand that any of these risks can lead to minor and /or serious injury or possibly death. Participants will be treated for problems as quickly as is safely expedient; however, hospital care is not guaranteed and may be delayed for unforeseeable reasons. Participants are not covered by the insurance of University Recreation or James Madison University. We **STRONGLY** encourage participants to carry accident insurance.

The Adventure Program encourages all participants to increase knowledge and skill in climbing. The Adventure Program provides instruction on safe use of the facility's challenge course. Any tests administered to participants is specific and exclusive to the UREC challenge course and in no way represents a certification or the ability to climb unsupervised in any conditions, at the challenge course or elsewhere. Please ask challenge course staff if you have questions regarding safety. **Climb safely at your own risk.**

It is **REQUIRED** that all participants use helmets when using the UREC TEAM Challenge Course. Helmets are provided free of charge and must be used at all times by challenge course participants.

Please sign below to acknowledge that you recognize that participating in challenge course programs is physically demanding and that there are innumerable risks associated with challenge courses including, but not limited to, the bulleted list above.

Participant Signature

Date

Signature of Parent of Guardian if less than 18 years of age

Date

James Madison University Recreation
Adventure Program
TEAM Challenge Course

Participant Contact and Medical Information

The information provided on this form will help the facilitator(s) leading your group to be able to respond to situations if and when they arise.

Participant Information

Name of Group/Program: _____ Program Date/Time: _____

Participant Name: _____ JAC #: _____

Date of birth ____/____/____ Do you weigh between 40lbs and 250lbs? YES NO

Local Phone # (____)____ - _____ Email Address _____

Emergency Contact Person #1: _____ Relationship _____ Phone#: _____

Emergency Contact Person #2: _____ Relationship _____ Phone#: _____

Medical Information

1. Do you have any past or present medical conditions or injuries that we should be aware of? YES NO

If yes, please explain: _____

2. Check any current allergies you have:

___ Poison Ivy ___ Ants ___ Pollen ___ Bees

___ Grass ___ Specific Medication ___ Food ___ Other

If checked, please explain: _____

3. Are you required to carry any medication such as an inhaler, epi-pen, insulin, etc.? YES NO

If yes, where will it be located if needed on the day of the program? _____

**WE HIGHLY RECOMMEND THAT PARTICIPANTS WITH ASTHMA
and/or PARTICIPANTS PRESCRIBED AN EPI PEN
BRING THEIR INHALERS and/or EPI PEN.**