

**KU Recreation Services Adams Campus Challenge Course
Participant Information Form**

Name of Group: _____ Date of Group: _____

Participant Name: _____

Address: _____

City/State/Zip: _____

Phone: Day: (_____) _____ Evening: (_____) _____

Gender: _____ Male _____ Female Date of Birth: _____

Physician Name: _____

Medical Policy: _____ Number: (_____) _____

Emergency Contact Name: _____ Relationship: _____

Phone: Day: (_____) _____ Evening: (_____) _____

Please list any health information that would be important for the Group Facilitator to be aware of in a medical emergency (for example, current medications, allergies to medicine, & other medical alert information):

As a participant in physically challenging activities of the Adams Campus Challenge Course, you have the responsibility to have readily available for your immediate use:

- Your prescribed inhaler, if you are subject to asthma attacks;
- Prescribed medication, if you are allergic to bee stings or other insect bites;
- Prescribed medication or food, if you are diabetic;
- Other prescription medications necessary for you to participate in a physically challenging course.

If you have **medical problems or a family medical history that could affect your participation, please notify your Group Facilitator in order to facilitate your participation.**

Are you younger than 18 years old? _____ Yes _____ No

If YES, your parent/guardian **must** sign the Release of Liability and Medical Release Form in order for you to participate.

Do you require an inhaler for asthma Attacks? _____ Yes _____ No

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

Are you allergic to bee stings or other insect bites? _____ Yes _____ No

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? _____ Yes _____ 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? _____ Yes _____ No

If YES, do you want an ambulance called if you experience a seizure while participating in this program?

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 preexisting heart conditions have suffered heart attacks and death after participating in a challenge course/ climbing program. Due to the emotional and physical demands inherent to the activities you be jeopardizing your health and well being if you choose to fully participant. You should consult you physician prior to attending the program.

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

If you are recovering from a 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 your physician prior to attending

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