

Challenge Course Release



Participant's Name

Participant's Address

City, State Zip Code

Home Phone Number/Business Phone Number

Emergency Contact

Phone Number(s)

- I give permission to the Phoenix Center to use pictures and/or videos of my participation in the Phoenix Center Challenge Course for agency promotions.
- I understand that parts of the Phoenix Center Challenge Course may be physically and/or emotionally demanding. I understand that the level of participation in the course is entirely voluntary and that safety measures have been built into the course to safeguard all participants against possible injury. I recognize the inherent risk of emotional or physical injury or disability in the Phoenix Center Challenge Course activities.
- I release the Phoenix Center and its faculty/staff from all liability for any injury to me from participation in the course.
- I affirm my health is good, and that I am not under a physician's care for any undisclosed condition that might endanger my health or that of other participants.
- I hereby give permission to assume responsibility for securing necessary medical care for the well-being of the participant of the Challenge Course.
- In case of sudden medical emergency, I give the Phoenix Center the permission to choose the appropriate hospital and grant such hospital permission to secure any needed medical or surgical care.
- I understand that I, the participant, am responsible for any medical expenses incurred.
- Certain health/medical information must be made known to the 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 complete the form and return it prior to participating in any activities.

Name of your health/accident insurance company and policy number

List any physical limitations (i.e.: pregnancy, asthma, heart condition, diabetes, depression, allergies, etc.)

List any medications you are taking, prescribed or otherwise

List any allergic reactions to medications and/or any other medical limitations

Participant's Signature (if at least 18 years or older)

Date

Parent/Guardian's Signature (if under 18 years of age)

Date

Reviewing Staff's Signature and Title

Date