

# **BELLINGHAM CHALLENGE PROGRAM**

## **Consent Release/Medical History Form**

***Must be filled out by all participants and accompanying adults and signed by youth participant AND parent/legal guardian OR adult participant.***

### **PART A: ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT**

1. To all Adult Participants, and to all Parents or Guardians of Minor Participants (PLEASE READ BEFORE SIGNING):
2. You and/or your child have been invited to participate in the Bellingham WSU 4-H Challenge Course Program. All participants must have a copy of this form signed by themselves (if an adult) or by their parent or guardian (if a minor) as a condition of participation. Below is an outline of the conditions of participation:
3. All participants are advised that the Challenge Course activities involve some strenuous physical activity. Some (such as hiking, rappelling, and climbing) present a risk of injury higher than that which people normally face in their everyday lives. This risk of injury cannot be wholly relieved by any preventive measures, whether restrictive rules, training, equipment or personal discipline. For each activity in the Challenge Course Program, the skills required to participate safely in the activity will be described. The decision whether to engage in any particular activity that forms part of the Challenge Course Program shall be entirely the participant's. Participation in the Program in no way obligates anyone to engage in any activity they do not feel they can accomplish.
4. On behalf of my minor child, (or on my own behalf, if an Adult Participant), I expressly acknowledge my full understanding of the risks of injury, including serious injury, disability or death, that participation in the Challenge Course Program entails. I acknowledge that I have had full opportunity to discuss the nature and extent of these risks with officials of the WSU 4-H Challenge Program, in order to inform myself fully on this subject. Based on that full understanding, I freely and knowingly assume all such risks, whether specifically known and unknown, even if arising from the negligence of WSU or any agent of WSU. I accordingly assume full and sole responsibility for my (or my minor child's) participation in the Challenge Course Program.
5. I agree to comply with all stated customary terms and conditions for participation in the Challenge Course Program. [NOTE: Parents or guardians cannot agree to this on behalf of their minor children. The minor child must sign this document himself or herself]. I, and/or my minor child, recognize and acknowledge that if I or he/she experience any unusual concerns regarding participating in any aspect of the Challenge Course Program, I or he/she is free at any time to cease participation in the Program. In such a case the appropriate group leader(s) should be notified immediately.
6. On behalf of myself and on behalf of my minor child (to the extent allowed by law), I hereby release and forever discharge Washington State University, the 4-H Program, Bellingham School District, and all of the employees, officers, volunteers or agents of those entities, including as well any third party sponsors of Challenge Course activities, lessors of premises used to conduct Challenge Course events, other participating or sponsoring agencies for the Program, and all others associated with producing and administering the Challenge Course Program, from and against any and liability, including but not limited to damage to property, personal injury, disability or death, resulting from my or my minor child's involvement in any aspect of the Challenge Course Program. This release applies whether the alleged injuries or damages arise from the negligence of any of the parties released in the previous sentence or not, to the fullest extent allowed by law.
7. To the fullest extent allowed by law, I, for myself and/or my minor child, and for any of our respective heirs, assigns, personal representatives and next of kin, hereby agree to indemnify and hold harmless all the parties released in Article 5 hereof from and against any and all liabilities arising from my participation in the Challenge Course Program. This undertaking to provide indemnity shall apply, to the fullest extent allowed by law, even if the liability asserted against any of the indemnified parties arises wholly or partially from their own negligence.
8. I understand that I may report any prescription medication which I may take under medical supervision, and any existing medical, physical or mental condition which may affect my ability, or the ability of my minor child, to participate in Challenge Course activities, to the group leader before the outing commences. I also understand and agree that no use of alcohol, tobacco or drugs (aside from prescription medications described in the previous sentence) is permitted on any Challenge Course Program.
9. You and/or your son/daughter may be asked to help with the evaluation of our program by completing an anonymous written survey at the end of the course day. The survey takes about 5 minutes and includes feedback for the facilitators and questions about what the participant may have learned from participating in the program. Participation in the survey is voluntary and choosing not to participate in the survey will not affect their participation in this or future WSU Cooperative Extension programs. If you do not want your son/daughter to participate in the evaluation of WSU Challenge Program or if you have any questions regarding these matters, please contact Craig Fenske at (360) 676-6736 before you or your child begins attending the program.

**I HAVE READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT. I FULLY UNDERSTAND ITS TERMS, AND THAT BY MY SIGNATURE I GIVE UP CERTAIN RIGHTS I MIGHT OTHERWISE HAVE UNDER LAW. I SIGN THIS DOCUMENT FREELY AND VOLUNTARILY, WITHOUT ANY INDUCEMENT.**

I, \_\_\_\_\_ hereby consent to allow \_\_\_\_\_  
(Please print name of Parent/Guardian or Adult Participant) (Print name of youth under 18 years of age)  
to participate in the WSU 4-H Challenge Course Program, under the terms as set forth in this Assumption of Risk, Release of Liability and Consent Agreement. The Challenge Course Program for which this consent is given is scheduled to occur on \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Participant (Adult or Minor)

**PART B: MEDICAL HISTORY/TREATMENT**

Planned Course Date: \_\_\_\_\_, 200\_\_

**Participant Name:** \_\_\_\_\_ **Group Name:** \_\_\_\_\_

**Phone:** (    ) \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Male**  **Female**

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Emergency Phone Number(s):** (    ) \_\_\_\_\_ (    ) \_\_\_\_\_

**YES NO**

- 1. Do you have any physical complaints or chronic illness at this time? If yes, please explain:  
\_\_\_\_\_
- 2. Have you had injuries in the past (i.e. back, knee, shoulder, elbow, etc.)? If yes, what?  
\_\_\_\_\_
- 3. Are you currently under the care of a physician or practitioner of any kind? If yes, for what treatment? \_\_\_\_\_
- 4. Are you currently taking medications of any kind? If yes, what? \_\_\_\_\_
- 5. Are you on a special diet? If yes, what kind? \_\_\_\_\_
- 6. Do you have or have you ever had any of the following:
  - a. Diabetes? If yes, are you taking insulin? Y/N How much? \_\_\_\_\_
  - b. Seizures? \_\_\_\_\_
  - c. Asthma? Do you use an inhaler? Y/N If yes, see \*Note below.
  - d. Allergies? To what? \_\_\_\_\_
  - e. Are you allergic to bee stings? If yes, see \*Note below.

**\*Note: if you require medication for asthma or bee stings please bring it with you to the Ropes Challenge Course Activities.**
- 7. Name of Physician: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_
- 8. Do you have medical insurance? Name of Company: \_\_\_\_\_  
Group and Identification Number: \_\_\_\_\_

I approve of emergency care for myself or the above minor under the direction of the event leader or consulting doctor, if I am unable to make my wishes known. *Cross out the last statement if you do not wish to grant medical consent.* I have read, understand, and agree to the above listed statement and do sign this agreement of my own free will. **For participants of 40 years of age or older**, signing below additionally signifies that s/he has read the American Heart Association's "Risk of Exercise" information.

\_\_\_\_\_  
**Signature of Parent/Legal Guardian (if under 18 years)** \_\_\_\_\_  
**Participant's signature (if 18 or older)** **Date**

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### **PART C: RISK OF EXERCISE INFORMATION (for participants over 40 years of age)**

The American Heart Association has published guidelines which are helpful if you have concerns about **cardiovascular stress** during Ropes Challenge course participation. (Circulation, vol. 82, no. 6, Dec. 1990, pp. 2286-2322). Information from this report is summarized below.

"Exercise has both risks and benefits. The challenge to the physician is to provide guidelines that minimize risks and maximize benefits. Screening procedures are not perfect for identifying the rare individual who is at risk, but risks can be decreased by proper screening and precautions."

"Many factors affect risk of exercise. Three of the most important are age, presence of heart disease, and intensity of exercise. Sudden cardiac death is **rare in normal individuals**. In individuals under the age of 35, sudden cardiac death is usually attributed to congenital heart disease, whereas coronary artery disease is a more likely cause for those older than 35."

"Studies indicate that in the general population, risk of sudden cardiac death during vigorous exercise is very low. ...it is believed that the benefits of exercise exceed the risks and that individuals should be encouraged to exercise, provided they take measures to minimize risk."

"**It is recommended** that anyone who plans to begin an exercise program more vigorous than walking should have a current (within 2 years) physical examination. Individuals under the age of 40 who have a normal physical examination, no symptoms of cardiovascular disease, no major coronary Risk Factors, and no physical findings (including murmurs and high blood pressure) can be considered free of disease, do not need an exercise test and should not be restricted in their exercise program."

"**Individuals 40 years of age or older or those with abnormal physical examinations (murmurs, etc.) or two or more major coronary Risk Factors** [strong family history of coronary heart disease, smoking, obesity, sedentary lifestyle, hypertension, or diabetes mellitus] have a higher prevalence of occult [hidden] heart disease than their younger counterparts. If these individuals wish to participate in vigorous exercise (such as jogging or running [or challenge courses!]), a symptom-limited, maximum exercise test should be performed [under medical supervision] to ensure that there are no signs of occult [hidden] heart disease. If their health status is uncertain, these individuals should restrict their activities to moderate intensities. [e.g. walking]."

Personal responsibility is the key to safety at WSU 4-H Challenge ropes courses. **Are you at risk by the American Heart Association guidelines summarized above?** We strongly recommend that you discuss cardiac risk factors with your personal physician. Make decisions about appropriate exercise levels with your doctor.