



**ROPES AND CHALLENGE COURSE
APPLICANT INFORMATION FORM AND RELEASE OF LIABILITY**

The University of Wisconsin - La Crosse Ropes and Challenge Course involves a variety of activities that often include warm-ups, games, group initiative problems, trust experiences, low and high elements, and other rigorous physical adventure activities. Participation in a University of Wisconsin - La Crosse program and it's activities is at all times an individual choice. There are risks, which must be assumed by each participant, that he or she may suffer an emotional or physical injury or disability.

The University of Wisconsin - La Crosse Ropes and Challenge Course policy requires that every participant have health/accident insurance coverage. Furthermore, certain health/medical information must be made known to the instructor(s) so that they are prepared to help participants make informed choices about their level of participation during a University of Wisconsin - La Crosse Ropes and Challenge Course program.

The following information will be held in confidence. Please complete the form and return it to the University of Wisconsin -La Crosse Adventure Program Office prior to participating in any activities.

Date(s) of Workshop(s): _____

APPLICANT INFORMATION:

1. Name: _____

Sex _____ Date of Birth ____/____/____ Height _____ Weight _____

2. Do you have any health/accident insurance? no yes If yes, name, and address of company:

MEDICAL INFORMATION:

NOTE: In the interest of trying to provide a successful experience for all participants we ask that you take the time to answer the following questions. This information will be kept in confidence by the University of Wisconsin - La Crosse and only shared with your permission

3. Do you have any limiting physical or health disabilities (temporary or permanent)? no yes If yes, identify and explain: _____

4. Are you currently taking medication (prescribed or otherwise, e.g. cold medicine)? no yes If yes, what are you taking, and what condition is it for: _____

5. Do you have any allergies, reactions to medications, or any other medical limitations? no yes If yes, identify and explain: _____

6. Do you have any of the following symptoms/conditions? Circle yes or no and describe below.

- A. Do you have any history of heart disease, or heart attack? yes/no
- B. Do you have high blood pressure or any history of high blood pressure? yes/no
- C. Do you have any chest pains/pressure heart palpitations, heart murmurs? yes/no
- D. Have you ever had a stroke? yes/no
- E. Do you have diabetes? yes/no

7. If you circled "yes" to any of the above questions (letters A-E), identify the condition and describe below:

Concern: _____
Detailed Description: _____

Concern: _____
Detailed Description: _____

Concern: _____
Detailed Description: _____

8. Other concerns/issues:

RELEASE OF LIABILITY:

I understand that parts of the University of Wisconsin - La Crosse Ropes and Challenge Course program may be very physically and emotionally demanding. I affirm that my health is good, and that I am under a physician's care for any undisclosed condition that bears upon my fitness to participate in any activities presented by the University of Wisconsin - La Crosse Ropes and Challenge Course program. I recognize the inherent risk of injury or disability while participating in the University of Wisconsin -La Crosse's Ropes and Challenge Course activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release the University of Wisconsin - La Crosse, the Ropes and Challenge Course staff members, their agents, owners, officers, volunteers, participants and the Board of Directors, from all liability for any injury or disability that may occur while participating in the University of Wisconsin - La Crosse's Ropes and Challenge Course activities.

Date: _____ Applicants Signature (if at least 18 yrs. Old): _____

Date: _____ Parent or Guardian Signature (if under 18): _____

Please Print Applicants Address: _____

City, State, Zip: _____

Home Telephone #: _____ Business #: _____

Person to contact in case of an emergency: _____

Emergency Phone #: _____

PHOTO/MEDIA RELEASE

Sign if you DO NOT grant to the University of Wisconsin La Crosse the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create.

Signature (if at least 18 yrs. old): _____

Signature of Parent or Guardian (if under 18): _____