

Butler Community College

Challenge Course Assumption of Risk and Release of Liability

The individual undersigned will be participating in the Butler Community College Challenge Course. The undersigned acknowledges that during this challenge course experience that certain dangers and risks may occur. These include, but are not limited to, the dangers of being at heights of up to 50 feet above the ground, damage to personal property, physical or psychological damage, and/or injury, not excluding fatality, due to accidents that may occur and/or result from participating in this challenge course activity. The undersigned further understands that while participating in this challenge course they will be subjected to elements of nature including inclement weather and extreme temperatures.

The participant states that I am not under and will not be under the influence of any chemical substance including alcohol during my participation. I also understand that this physical activity involves the risk of injury. I further state that my participation in the Butler Community College Challenge Course is entirely voluntary. I take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions.

Further, as the undersigned, I certify that I am completely healthy (both physically and emotionally) and capable of participating in this challenge course. I have listed on the Health Statement Form that is attached any medical condition that the Butler Community Challenge Course administrators should be aware of which may hinder my participation in this activity. However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in this activity.

In consideration of receiving permission from Butler Community College to enter and participate in its challenge course, the undersigned does hereby release Butler Community College, its agents, officers, servants, and employees, of and from any liability, claims, demands, actions and causes of action arising out of or related to any loss, damage or injury, including death, that may be sustained by the undersigned, or any property of the undersigned, while participating in the challenge course.

The undersigned, being duly aware of the risks and hazards inherent upon participating in the Butler Community College Challenge Course, elects voluntarily to participate knowing the undersigned's present condition and knowing that the condition may become more hazardous and dangerous during the time that the undersigned voluntarily assumes all risks of loss, damage or injury, including death, that may be sustained by the undersigned, or any property of the undersigned while participating in the Butler Community College Challenge Course.

I, the undersigned, understand that I have been part of a project for a video and/or audio production – whether for the purposes of airing on television, radio, print or within a video project that will be used for advertising or promotion by the group mentioned above, and without limitation as to time. This group has my permission to use any footage, photograph, voice and my name in which I appear for whatever use they deem necessary.

Name of Participant (Please Print)

Signature of Participant (18 years and older or legal guardian)

Date of Signature

Signature of Witness

Date of Signature

**Butler Community College
Challenge Course
HEALTH STATEMENT**

Your proposed participation in the Butler Community College Challenge Course requires involvement in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you physically and may cause surges in pulse and blood pressure. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of this activity. If you have any doubt about your physical condition you should have a physical examination before your participation.

Name: _____
 Address _____
 City, ST, Zip _____
 Work phone #: _____
 Home Phone #: _____

Birth Date: _____
 Gender _____
 Age _____

In an Emergency Notify:

Name: _____
 Address: _____
 City, ST, Zip: _____
 Work phone #: _____
 Home phone #: _____

Physician: _____
 Physician's Phone #: _____
 Date of last physical exam: _____

HEALTH HISTORY: Please circle the appropriate response and describe any YES answers:

Have you had or currently had any heart problems? (dates)	YES	NO	
Have you had or do you frequently suffer from pains in your chest?	YES	NO	
Have you been told by a doctor that you have high blood pressure?	YES	NO	
Do you have epilepsy	YES	NO	
Do you have diabetes?	YES	NO	
Do you have joint problems and /or arthritis?	YES	NO	
Do you often feel faint or out of breath?	YES	NO	
Do you have asthma?	YES	NO	
Are you a smoker?	YES	NO	
Have you had any operations and/or major illness or injuries? (dates)	YES	NO	
Do you have any chronic recurring illness or communicable diseases:	YES	NO	
Do you have any disabilities?	YES	NO	
Has your doctor limited or discouraged any activities?	YES	NO	
Are you allergic to any medicines? Please list.	YES	NO	
Are you allergic to any pollens or insect bites?	YES	NO	
Are you currently taking any prescription medicines? If so, please list.	YES	NO	
Are you currently sick or taking any over the counter medications? If so, please list	YES	NO	
Are there any emotional conditions that the facilitators need to be aware of (ie. Panic disorder, post-traumatic stress disorder etc.)?	YES	NO	

