



Confidential Participant Health Information

Please Print

Name _____ Date of Birth _____
 Address _____
 Phone (cell) _____ Phone (home) _____
 In case of an emergency, notify: _____
 Relationship _____ Phone _____
 Name of Doctor _____ Phone _____
 Health/Accident Insurance Company _____
 Policy Number _____

Medical History - Please describe condition/treatment where possible.

Are you under treatment for any illness or condition? YES___ NO___
 Describe _____
 Do you have a condition requiring regular medication? (e.g. diabetes, epilepsy, etc.) YES___ NO___
 Are you currently taking any medications? YES___ NO___
 List _____
 Do you have any allergies? YES___ NO___
 List _____
 Have you had anaphylactic reactions in the past? YES___ NO___
 Have you ever had any injuries? YES___ NO___
 If yes, list injury, year of occurrence, and current condition. _____

Do you have any history of heart problems? YES___ NO___
 Describe (e.g. high cholesterol, heart murmur, heart attack, high blood pressure, surgery, etc.) _____

Do you have any history of respiratory problems? YES___ NO___
 Describe _____
 Have you been directed to carry an inhaler or breathing device? YES___ NO___
 Has your doctor told you to limit your activity in any way? YES___ NO___
 Describe _____

NOTE: Research has demonstrated that challenge course activities can raise heart and respiration rates in any participation and those persons with heart and respiratory problem histories can be placed at extreme risk. Consult your physician if you have experienced these problems. If you are already on site, you may be asked to limit your participation.

Have you ever undergone surgery? YES___ NO___
 If yes, describe _____
 Are you pregnant? YES___ NO___
 What other factors should we know about you before starting this program? _____

- *I have answered the above questions accurately and completely.
- *I believe that I (my son/ daughter/ ward) am in good health, and I affirm that my (son's/ daughter's/ ward's) participation in the AIM TEAM CAMP Challenge Course activities will in no way aggravate any condition(s) present. If in doubt, I will seek and follow professional medical advice.
- *The staff at AIM TEAM CAMP has my permission to seek and/or administer emergency care for the participant in the event that:
 - a. the health and well-being of the participant is involved; and
 - b. the participant or parent/guardian is unable to respond or cannot be reached at the time of the emergency
 - c. due to the nature of the emergency, there is insufficient time to contact the parent/guardian.

Signature _____ Today's Date _____

Signature of Parent/Legal Guardian if under 18 years of age _____

PARTICIPANT INFORMATION FORM & RELEASE OF LIABILITY DISCLOSURE:

AIM TEAM CAMP Challenge programs involve a variety of activities that include warm-ups, games, group initiative problems, and low and high challenge course elements. The level of participation in all programs and activities is at all times completely up to the individual. Yet there is a risk that must be assumed by each participant, that he or she may suffer an emotional or physical injury and disability.

AIM TEAM CAMP recommends that individuals have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs 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 to AIM TEAM CAMP prior to participating in any activities.

CHALLENGE BY CHOICE

Challenge Course and team-building programs are composed of activities that may be very unfamiliar to all participants. To insure our participants control over their personal safety, we operate with the philosophy of "Challenge by Choice." At all times, participants in the AIM TEAM CAMP Challenge activities are completely in control of their own level of participation. During the program you need only do or attempt to do only those things that you choose. You must listen carefully to all instructions and briefings, set your own goals free of the influence of the group's goals, make a decision as to your level of participation and inform others of your choice. No one will force you to do anything; the choice is clearly your own. However, you may perceive pressure to push yourself and we encourage you to tell the group if this happens. During the program, we will provide a challenging setting in which you can expand your limits while supporting your personal boundaries.

BEHAVIOR AND ATTIRE

Though there is an inherent risk to all challenge course activities, there are a couple of steps you can take to ensure that no accidents happen. The first is to have a safety conscience attitude and to take seriously all safety guidelines presented by your instructor. The second is to wear appropriate clothing. Wear sturdy, closed-toed shoes that won't slip or slide off. Tie back long hair and avoid loose fitting clothes, as there is a risk they could get caught in the equipment. If participating on the high challenge course, avoid short shorts because the harnesses tend to make them ride up and can be uncomfortable. Remove ALL watches and jewelry, regardless of their sentimental value. If an item physically cannot be removed, inform your instructor. If at any time your behavior or actions are found to be unsafe you may be asked not to participate.

RELEASE FROM LIABILITY

I, the undersigned, assume and understand that there are inherent risks of bodily injury or damage to property that accompany my participation in the AIM TEAM CAMP Challenge activities. By signing below, I acknowledge that I have fully satisfied myself as to the nature of the activity or activities that I will be participating in, the risks associated with each such activity, the concept of "Challenge by Choice," and my responsibility to know my limits and comply with the safety standards set forth by the AIM TEAM CAMP Challenge Course staff.

I affirm that my health is good and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in AIM TEAM CAMP Challenge activities. I understand that I am free to choose not to participate in any activity offered by AIM TEAM CAMP. Having chosen to participate in an activity and accepting full responsibility for my own choices, I hereby release AIM TEAM CAMP, its staff and members, and any and all other persons employed by Liberty Church or participating as instructors or counselors in these activities, from any and all liability for bodily injury, emotional injury, or loss of property.

This release is binding upon my heirs, executors and assigns.

Name (please print) _____ Date of Birth _____

Signature _____ Today's Date _____

Signature of Parent/Legal Guardian if under 18 years of age _____

Address _____

Phone (work) _____ (home) _____

Emergency Contact Person _____

Emergency Contact Phone Number _____

