

**University of Wisconsin-Stout
Adventure Challenge Course
Medical Questionnaire
Risks and Liability Waiver**

Your Name: _____
(please print)

Age: _____

Organization: _____

PLEASE READ: This form is intended to remind staff and participants of the seriousness of attempting adventure activities with an old, pre-existing injury, heart problem or other conditions which may be aggravated by the event.

Questions

Response

- | | | |
|---|-----|----|
| 1. Any pre-existing injuries (ankles, knees, back) that may be aggravated by the event?
If Yes, please explain: _____ | Yes | No |
| 2. Are you currently taking any prescription or non-prescription medication?
If yes, what are they and what are they for? _____ | Yes | No |
| 3. Do you have any heart conditions? | Yes | No |
| 4. Any pressure or coercion from employer or others to participate? | Yes | No |
| 5. Do you have high blood pressure? | Yes | No |
| 6. Do you have any allergies (food, bees, insects, or medicines)?
If Yes, please explain: _____ | Yes | No |
| 7. Do you foresee any problems participating in the upcoming Adventure Challenge Course activity due to a lack of physical exercise? | Yes | No |
| 8. Do you have Asthma? | Yes | No |
| 9. Do you have a disability?
If yes, please indicate the functional implications and any concerns about participation related to the disability. _____ | Yes | No |

In case of emergency, contact: _____

Relation: _____

Phone: _____

Note to Staff: If "Yes" is circled, please discuss with the participant. Create some quiet time and serious tone for filling out information if it is not completed prior to the activity. Slow down and take some to follow up on the "Yes" responses with folks. If, in your judgment according to your training, a participant should not engage in the activities due to health or safety risks, then ask them to observe only.

Participant – Please read and sign

I have honestly disclosed to the staff any medical, psychological or personal reasons that might affect my safety or the safety of others during these events. I will remember that a "Challenge by Choice" atmosphere exists at all times and I should not feel pressured to participate. I certify that I have adequate insurance to bear any additional cost of such injury or damage.

Participant Signature	Date	Age	Print Name
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Parents or Guardian's signature if under 18 _____

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Your Name: _____
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Adventure Challenge Course Assumption of Risks and Liability Waiver

I, the undersigned have made arrangements with the University of Wisconsin-Stout's Stout Adventures program for participation in Adventure Challenge Course.

I understand there are inherent risks that cannot be eliminated from adventure challenge course activities. I have full knowledge of the nature and extent of these risks associated with adventure challenge course activities including but not limited to:

1. Injuries resulting from falling and crashing into the Alpine Tower, Carolina Straight Wall, Giant Swing, low course events, or other obstacles.
2. Injuries resulting from rope abrasion, entanglement, and other injuries that may result from activities or other persons, including but not limited to climbing, rappelling, belaying, lowering on a rope, rescue or emergency activities, as well as injuries, abrasions, and cuts resulting from contact with equipment and components of the adventure challenge course.
3. Failure of the ropes, harnesses, course hardware, anchor points, or any other part of the adventure challenge course structure and equipment.
4. Injuries from falling participants or equipment.
5. Injuries resulting from the negligence of other course participants, belayers, spotters, spectators or users of the facilities.
6. Injuries resulting from the environment and physical and mental limits including but not limited to fatigue, chill and or dizziness, which may diminish reaction time and increase risks of accident, personal strength, coordination, sense of balance, and the ability to follow or give directions while on the course, climbing, belaying, lifting, spotting, or being a spectator.

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for bodily injury, death, loss of personal property and any expenses, which may be incurred by me or any minor children in my care, custody or control resulting from those inherent risks and dangers previously identified, those inherent risks and dangers not specifically identified, and any negligence on my part associated with my participation in this activity. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to do so in spite of and with full knowledge of the inherent risks.

I do not presume that any insurance, whether for accident, life, medical, or property loss has been secured for my benefit by University Recreation, the University of Wisconsin-Stout or the Board of Regents of the University of Wisconsin System.

The undersigned does hereby agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Stout, their officers, agents, and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of the undersigned in the course of UW-Stout University Recreation Stout Adventures programs.

Participant Signature

Date

Age

Print Name

Parents or Guardian's signature if under 18