

**MICHIGAN TECHNOLOGICAL UNIVERSITY
CHALLENGE COURSE
STUDENT MEDICAL INFORMATION AND LIABILITY WAIVER**

Disclosure

Michigan Technological University Challenge Programs involve a variety of activities in both indoor and outdoor settings. Activities include warm-ups, games, group initiative problems, low ropes course elements, and other rigorous physical adventure activities. These activities have deliberately and consciously been chosen to place program participants in challenging settings that elicit some fresh behaviors, some anxiety, and some new insights. The goal of Challenge Programs, which is to raise participant awareness about themselves and others through challenge, is thus supported by program activities.

All activities are presented on a "Challenge by Choice" basis. This means that the level of participation is up to the individual's choice. Yet there is a risk, which must be assumed by each participant, that due to the demands of certain activities he or she may incur injury. There are certain risks inherent in outdoor adventure.

The information gathered on this medical form is intended to help inform Challenge Program staff of any pre-existing medical conditions, and to help determine if consultation with your physician is recommended prior to your program. If you have a pre-existing condition, participation in some of the more strenuous activities may not be recommended. This information will be kept in strict confidence by Michigan Technological University and only shared with your permission.

I. GENERAL INFORMATION

Program Title _____ Date of Program: _____

Name (Please Print) _____ Age: _____
Address: _____ Phone # _____
Sex F__ M__ Height _____ Weight _____

DO YOU HAVE HEALTH/ACCIDENT INSURANCE? YES NO

If yes, name and address of company _____

If no, the following acknowledgment of risk statement must be signed in order for you to participate: **I have no health insurance. I realize the risk I am taking and any injury I may receive is my responsibility.**

Signature _____ Date _____

PLEASE CHECK THE BLANK IN FRONT OF ANY OF THE FOLLOWING CONDITIONS THAT APPLY:

_____ Asthma	_____ Dislocations
_____ Back Problems	_____ Joint Problems
_____ Epilepsy	_____ Heart Problems
_____ High Blood Pressure	_____ Diabetes

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For any conditions checked above, please describe symptoms/conditions, how often they occur, how long they last, and how you care for them.

If you carry medications for the above indicated conditions, what are they?

Do you have any limiting physical or health disabilities or handicaps (temporary or permanent) that you or your doctor feel would limit your participation in this program? Explain:

Medical/Release

Have you had any recent (up to 12 months) acute illness, injury or surgery?
Last date of occurrence:_____ Explain:

Are you currently under a doctor's care? _____ Explain:

Are you pregnant? _____ Describe condition and give due date:

Are you taking medication (prescribed or otherwise, e.g. cold medicine)? _____ If so, what type and what is it for?

Allergies: If you are allergic to any of the following (medications, foods, insect bites and stings), please explain:

_____ NONE OF THE ABOVE MEDICAL CONDITIONS APPLY TO ME.

OTHER PHYSICAL INFORMATION

Indicate your level of fitness:

- _____ Little or no exercise on a regular basis
- _____ Occasional exercise, 1 or 2 times a week
- _____ Vigorous exercise (e.g., 20 minutes of running, fast walking or the equivalent) 3 times a week or more

If you checked any blanks above or have any condition listed above we strongly recommend that you consult with your physician prior to participating in a challenge program or other strenuous physical activity.

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Person to Contact in Case of Injury or Illness:

Name _____ Relationship _____
Address _____
Phone Numbers: Home _____ Work _____

II. RELEASE OF LIABILITY

I affirm that the confidential medical information which has been provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold Michigan Technological University harmless if full disclosure of a pre-existing medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment which may become necessary.

I understand that parts of the Challenge Program may be physically or emotionally demanding. I hereby acknowledge that I am aware of these risks and I agree to follow all safety instructions and ask questions if I do not understand. I also acknowledge that, despite careful precautions, there are certain inherent risks of injury in this program, and I accept those risks. I understand that each participant must assume the risk of injury or disability that could result from any of the activities.

I release and agree to hold harmless Michigan Technological University, its Board of Control, officers and employees from any against any and all claims and causes of action arising out of my (or the minor student's) participation in this program or any personal or bodily injury incurred while participating in the program excepting only if such claimed injury arises out of the intentional misconduct by Michigan Technological University, its officers, agents or employees. If signed as a parent or guardian this release is on my own behalf and on behalf of the minor student.

I have read and I understand this statement.

Participant Signature _____ Date _____

Signature of Parent or Guardian (if under 18 years of age)