

## Eagle's View Challenge Ropes Course & Indoor Climbing Wall Program

### Informed Consent & Medical History & Photo Release ~ Page 1 of 2 ~

The University of Wisconsin – Eau Claire Ropes Course and Climbing Wall program involves a variety of activities that often include warm-ups, games, group initiative problems, trust experiences, low / high elements, and other rigorous physical adventure activities. Participation in a University of Wisconsin – Eau Claire's program and its 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 - Eau Claire's Ropes Course and Climbing Wall policy requires that every participant provide certain health/medical information to the instructor(s) so that they are prepared to help participants make informed choices about their level of participation.

The following information will be held in confidence. Please complete the form and return it to the University of Wisconsin – Eau Claire's Adventure Program Office prior to participating in any activities.

Pre-college Program: \_\_\_\_\_

#### **PARTICIPANT INFORMATION:**

1. Name: \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Do you have any health/accident insurance? \_\_\_Yes \_\_\_ No 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 – Eau Claire 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. Do you currently take 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? Check 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 palpations, heart murmurs?  | Yes | No |
| D. Have you ever had a stroke?  | Yes | No |
| E. Do you have diabetes?  | Yes | No |

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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:

\_\_\_\_\_

\_\_\_\_\_

**PHOTO/MEDIA RELEASE**

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

Signature of participant: \_\_\_\_\_

Signature of Parent or Guardian (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_