

# Kent Career Technical Center

## THE CHALLENGE COURSE AT KENT ISD CONSENT FORM

The Kent Intermediate School District Challenge Course involves many activities, which may include stretching, bending, jumping, crawling, and descending. There may be times when you will wear a harness and helmet to assist you in climbing, jumping and descending safely. Certain elements of the program are physically, mentally, and emotionally demanding. At times, the nature of these activities may cause you to have a maximum heart rate in a short period. The program follows safety procedures to reduce risk but cannot eliminate all risks, which may include injury or death. The purpose of this briefing and registration/health form is to inform you of the risks and to make us aware of the concerns, medical or otherwise, you may have. Remember that participation in all activities is voluntary.

At all times, you will be given the opportunity to choose your own level of participation. It is Kent ISD's policy to allow you to challenge yourself based on your abilities and your choice. You may stop at any level you desire. You are encouraged by Kent ISD to do so. It is important that you listen to all instructions and briefings, set your own goals in relation to the group's goals, make the decision as to your level of participation, and inform others of your choice. This allows others to support that choice. During the program, we will provide a challenging setting in which to expand your limits while supporting personal boundaries.

As part of the Challenge Course Program, participants could be photographed during an activity that may be used in our promotional materials. While we cannot guarantee use of any particular photo or provide any compensation, photos such as these are very important in promoting our program.

Please read; I understand that I am responsible for assessing my ability to participate in each activity offered at the program. I affirm that my health is good and that I have disclosed the information necessary to enable course facilitators to provide safe and effective assistance should an emergency arise.

The undersigned will be participating in a Kent Intermediate School District Challenge Course. The undersigned acknowledges that the program involves physical activity. In consideration of the opportunity to participate in this program and for other good and valuable consideration, I do hereby and agree to hold harmless, Kent Intermediate School District, their respective agents, its board members, contractors, employees, officers, directors, and members from any/all liability, demands, suits, actions, claims, or judgments of any nature, and costs and expenses, including reasonable attorney's fees incidental thereto, for any injury, damage, illness, or death which I sustain during or as a result of my participation in the program or which is in any other way related to the program, whether arising out of my actions or the negligent acts or omissions of the able mentioned parties. I recognize the risks of injury or death inherent in connection with the program. I acknowledge that this release is being relied on by the above persons and Kent Intermediate School District in permitting me to participate, and that this release shall be binding on me, my heirs, assigns, and personal representatives. I have read and understand the above information.

Participant Name: \_\_\_\_\_ (Please print)

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature required on back

REGISTRATION / HEALTH RELEASE

The following health questions must be answered:

1. Do you currently have limitations (temporary or permanent) that may inhibit participation in the Challenge Course physical activities? If yes, please explain.

Knee, Pregnancy: NO YES \_\_\_\_\_

Back, Neck problems: NO YES \_\_\_\_\_

Ankle problems: NO YES \_\_\_\_\_

Other: Describe: \_\_\_\_\_

2. Are you currently on any medications that you would like us to be aware of?

NO YES \_\_\_\_\_

3. Do you have any allergies that you would like us to be aware of?

NO YES \_\_\_\_\_

4. Are you at risk for cardiac problems? Please check any that apply:

Current heart condition \_\_\_\_\_

Overweight \_\_\_\_\_

High blood pressure \_\_\_\_\_

Smoker \_\_\_\_\_

Over 40 years old \_\_\_\_\_

Family history of heart attack/stroke \_\_\_\_\_

If you answered YES to questions 1, 2, 3, or 4, or have any other health-related concerns, you may wish to contact your physician to determine if physical activity of this type is acceptable. If you or your physician have questions regarding the information on this form, please contact us at (616) 364-8421. If under 18 years of age or under a legal guardianship the parent/guardian must sign this form before the participant can participate in the Challenge Course activities:

Parent/Guardian Name: \_\_\_\_\_ (Please Print)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_