



## PART I: Release and Consent Form

Dear Participant (and Parent/Guardian if under 18):

You are going to join us in an adventure learning experience involving the use of the 4-H Challenge Ropes Course in Leavenworth or Chelan, Washington. We require that all participants under the age of eighteen (18) years old have a Release and Consent Form signed by their parents or legal guardian.

Below is an outline describing the responsibilities of the 4-H Challenge Program as well as the responsibilities of any consenting participant.

1. All participants are to be informed by 4-H that there will be some strenuous physical activity involved. Although all individuals in average health will be able to comfortably participate, it shall be each individual's responsibility to be sure they are in a healthy condition.
2. Some activities will involve more risk than one engages during normal daily routines, i.e., hiking, climbing, and repelling. Each individual must be informed of the risk involved and the skills necessary to safely complete the activity. The participant will engage in the activity based upon his or her own choice.
3. Through the WSU 4-H/Youth program, enrolled Challenge volunteer leaders are covered for legal liability and have medical expense insurance. However, no medical coverage is provided for Participants. Each group or individual must provide their own in order to use the Ropes Course.
4. No alcoholic beverages, tobacco or use of drugs is permitted on the course. Prescription medication and any existing injury must be reported to the Challenge leader before the outing.

I, \_\_\_\_\_, the undersigned, give my consent for me / my daughter/son, \_\_\_\_\_, to participate in the 4-H Challenge Program Ropes Course. I hereby release 4-H, its employees and volunteers from any and all liability with relationship to the above mentioned person's participation on the 4-H Challenge Ropes Course. This release includes the transportation to and from the site of the activities as well as the activities themselves. I have read, understand and agree to the above listed statement, and participant responsibilities and do sign this agreement of my own free will.

\_\_\_\_\_  
Signature of Participant (if under 18, parent/guardian must also sign below)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



## PART II: Medical History/Treatment

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Female / Male

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### MEDICAL HISTORY

YES No

1. Do you have any physical complaints or chronic illness at this time?  
If yes, what? \_\_\_\_\_

2. Have you had injuries in the past(i.e., back, knee, shoulder, elbow, etc.)?  
If yes, what? \_\_\_\_\_

3. Are you under the care of a physician or practitioner of any sort?  
If yes, why? \_\_\_\_\_

4. Are you taking medicines of any type?  
If yes, what and dosage? \_\_\_\_\_

5. Are you on a special diet?  
If yes, what kind? \_\_\_\_\_

6. Do you have or have you ever had:  
  a) Diabetes? \_\_\_\_\_ If yes, are you taking insulin? How much? \_\_\_\_\_

b) Asthma? \_\_\_\_\_

c) Allergy? \_\_\_\_\_

d) Are you allergic to bee stings? Type of reaction: \_\_\_\_\_  
\*If yes, please bring medication with you & inform the Challenge Facilitator.

e) Seizures? \_\_\_\_\_

f) Any other medical information? \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Group & ID#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

I approve of emergency care for myself / my daughter/ son under the direction of the event leader or consulting doctor, if I am unable to make my wishes known. (Cross out the last statement if you do not wish to grant medical consent). I have read, understand and agree to the above listed statement and do sign this agreement of my own free will. I hereby release 4-H, its employees and volunteers from any and all liability with relationship to the above mentioned person's participation on the 4-H Challenge Ropes Course. This release includes the transportation to and from the site of the activities as well as the activities themselves.

\_\_\_\_\_  
Signature of Participant (if under 18, parent/guardian must also sign below) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_