



## DISCLOSURE

Greenbush Challenge Ropes Course programs use a variety of activities including warm-ups, games, team building initiatives and high and low ropes course activities. While some of these activities can be physically demanding, they are designed to be within the capability of anyone who is in reasonably good health.

All ropes course activities are presented on a "challenge by choice" basis, meaning that participants choose their own level of participation. Although safety is an extremely high priority of all Greenbush activities, there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury.

The information requested on this form is intended to help inform challenge course staff of any pre-existing medical conditions, and to help determine if consultation with your physician is recommended prior to participating in course programming.

### Participant Information

Name: \_\_\_\_\_ Gender:  Male  Female

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Insurance Company : \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medicare Numbers : \_\_\_\_\_ Medical Card Number: \_\_\_\_\_

### Medical Information

Yes No Do you have any physical or health disabilities or handicaps (temporary or permanent) that you or your doctor feel would limit your participation on the ropes course?

If yes, please explain: \_\_\_\_\_

Yes No Have you had surgery in the past year or are you under any follow up care for any conditions that may limit your participation?

If yes please explain: \_\_\_\_\_

### Allergies

Yes No Do you have allergies?

If yes, mark those that apply:

Food Tree/Grass Weeds Insect Bites Animals Latex  
Other (please list): \_\_\_\_\_

### Seizures

Yes No Do you have seizures? If yes, please explain frequency and describe any visible warning signs:

Do you have any of the following conditions? Please provide additional information for those that apply.

Yes No Asthma \_\_\_\_\_

Yes No Speech, Visual, or Hearing Impairment \_\_\_\_\_

Yes No Diabetes \_\_\_\_\_

Yes No History of heart disease, heart attacks, high blood pressure, irregular heartbeat, or any other heart condition? \_\_\_\_\_

Please list any other conditions that you believe may limit your participation or that you would like us to be aware of:

\_\_\_\_\_



### Participant Release of Liability

I affirm that the confidential medical information I have 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 Greenbush 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 Greenbush Challenge Ropes Course may be physically and emotionally demanding. I agree to follow all safety instructions given by ropes course staff during the sessions. I recognize the inherent risk of injury on the ropes course, and that I must assume the risk of bodily injury, death, or property damage of any kind or nature whatsoever that could result from ropes course activities, the unavailability of emergency medical care, or the negligent or deliberate act of myself, another participant, or any other person. I release all staff, agents, contractors, instructors, employees, personnel, administrators, and board of directors of Greenbush from all liability for any bodily injury, death, or property damage of any kind or nature whatsoever that I may sustain as a result of participating in ropes course activities.

### PHOTO RELEASE

During visits, Greenbush staff may take photographs and/or video people participating in our programs for use in educational and promotional materials, in publications, or on our website or social media pages. If you would not like to have your student photographed, please indicate below.

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### SIGNATURES REQUIRED FOR PARTICIPATION

Signature of Participant

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

### Emergency Contact Information:

In the event of injury or illness, please indicate Emergency Contact information below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Session Name: \_\_\_\_\_ Date: \_\_\_\_\_



***Questions or Concerns?***

Contact:

**Amie Beggs**

**Team-Building and Leadership Coordinator**

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