

# Adams Eden Camp/TEAM Adventure/Erickson International (AEC/TA/EI)

## Applicant Confidential Information, Assumption of Risk, and Agreements of Release and Indemnity

To All Participants of **Adams Eden Camp/TEAM Adventure/Erickson International (AEC/TA/EI)** Programs:  
Please read this document carefully. It contains important information about your experience and may affect your legal rights in the event of an injury or some other loss.

**AEC/TA/EI** programs are designed for those in reasonably good health and incorporate a variety of activities from games and low ropes initiatives, to more strenuous challenges such as high ropes and wall climbing. Each participant may choose the level of his or her participation. Although safety is a high priority at **AEC/TA/EI**, there is a risk of physical or emotional injury and participants must assume those risks. Participants must follow the instructions of **AEC/TA/EI** staff. Risks of **AEC/TA/EI** activities include falls, sprains, abrasions and other physical and emotional trauma and in extreme cases even death. Injuries and other losses may be caused also by the carelessness of other participants and staff. **Participants must be covered by health and accident insurance during the time of their participation.**

Please complete the following questionnaire prior to your participation. This information will be used to inform staff of any pre-existing medical condition and determine if consultation with your physician seems prudent prior to your participation.

### Part I – General History

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

Sex: Male

Female

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

### Part II – Medical Information

Do you have any disabilities (temporary or permanent) that you or your doctor feel would limit your participation in **AEC/TA/EI** programs? Yes  No  If you answered yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Please list any medications you are currently taking and the conditions they are treating. If none, so state.

\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies? Yes  No  Reactions to Medication? Yes  No

Other medical limitations? Yes  No  If you answered yes to any part of this question, please explain:

\_\_\_\_\_  
\_\_\_\_\_

### Part III – Medical History

Have you had surgery in the past year for any condition that might limit your participation? Yes  No

Are you under follow-up surgical care? Yes  No  If you answered Yes to any part of this question, please explain:

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Do you currently have, or have you a history of any of the following?

Chest Pain Yes  No  High Blood Pressure Yes  No  Stroke Yes  No   
Heart Attack Yes  No  Heart Disease Yes  No  Heart Murmur Yes  No   
Heart Palpitations Yes  No

When you exert yourself, do you experience symptoms of any of the above? Yes  No

If you answered Yes to any part of the last question, please provide details below:

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If you answered Yes to any part of the Medical History questions, **AEC/TA/EI** recommends that you **see a physician before participation.**

Do you have diabetes? Yes  No  Are you dependent on insulin? Yes  No

Is there heart disease in your family? Yes  No  If yes, please elaborate:

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Do you smoke? Yes  No  Are you a former smoker? Yes  No

How often do you exercise? No regular exercise  1-2 times/week  3+ times/week

If you lead a sedentary lifestyle, smoke, are overweight, have diabetes or are 45 years old and have a family history of heart disease, **AEC/TA/EI strongly recommends that you consult your physician before participation.**

If you are unclear about whether to consult your physician or you would like more information regarding the activities included in your program, please feel free to contact the **AEC/TA/EI** staff.

I have consulted my physician Yes  No

My physician advises me that I may participate fully

My physician advised me to avoid certain activities

My physician advised me not to participate

If your physician has limited or disapproved your participation, please provide further details:

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In the event of injury or illness please contact:

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

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

Daytime phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

I understand that failure to answer this questionnaire in a comprehensive manner could affect my own safety as well as that of others, and therefore I affirm that the information herein is accurate and complete and I accept full responsibility for any loss I suffer arising out of my failure to fully disclose, in this form or otherwise prior to my activity, a pre-existing medical condition.

## Part IV – Assumption of Risks, and Agreements of Release and Indemnity

In consideration of the services of **Adams Eden Camp/TEAM Adventure/Erickson International** in offering these activities, I agree as follows:

Assumption of Risks: I acknowledge that I understand the activities in which I will be participating, and their risks. I understand that the risks are inherent in the activities – that is they cannot be eliminated without changing the nature and value of the experience. I voluntarily assume all such risks, inherent and otherwise, and whether or not they are described above.

### Release and Indemnity:

I agree not to sue, and to release and hold harmless, **AEC/TA/EI**, its owners, and staff members with respect to any and all claims which I may now have or acquire in the future, **including claims of negligence (but not gross negligence or intentionally wrongful conduct)**, arising in any way from my enrollment or participation in **AEC/TA/EI** activities.

I further agree to protect and indemnify (that is, defend and pay any judgments, costs, and attorney's fees) **AEC/TA/EI** and the other Released Parties from any claim, **including a claim of negligence of a Released Party (but not including gross negligence or intentionally wrongful conduct)** asserted by any third party, including (but not limited to) rescuers, other participants in the activities of **AEC/TA/EI** and members of my family, arising from injuries or other losses either suffered by or caused by me in connection with my enrollment or participation in an activity of **AEC/TA/EI**.

Other: In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary. If a suit is filed against **AEC/TA/EI** or any other released party it must be filed in the County of Onondaga, State of New York. Any such suit will be governed by the laws of the State of New York, not including those laws which may apply to laws of another jurisdiction.

My initials here \_\_\_\_\_ reflect my permission to **AEC/TA/EI** to use, reproduce, or distribute any photographs, films, videotapes and/or sound recordings of me during my training for use in materials it may create, for marketing or other purposes.

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian if participant is under 18 years old: \_\_\_\_\_

Your Group Name: \_\_\_\_\_ Date of workshop: \_\_\_\_\_