

TEAM ADVENTURE LLC

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Applicant Confidential Information, Waiver and Release of Liability

Team Adventure LLC 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 realizing that, although safety is a high priority at Team Adventure LLC, there is a risk of physical or emotional injury that they must assume. 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: _____

Name of Insurance Carrier: _____

Address: _____ Phone #: _____

Part II – Medical Information

Do you have any disabilities (temporary or permanent) that you or your doctor feel would limit your participation in The Adventure Center's 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:

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

Hear 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:

If you answered Yes to any part of the Medical History questions, Team Adventure 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:

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, Team Adventure **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 Team Adventure 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

How has your physician limited your participation? _____

I recognize the inherent risk of injury or disability associated with Team Adventure's activities and I agree to assume the risk. I further agree to follow all safety instructions. I hereby release Team Adventure LLC, its staff, and Board of Directors from all liability for any injury to me from participation in Team Adventure's activities. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which become necessary.

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. I agree to hold Team Adventure LLC harmless if full disclosure of a pre-existing condition has not been made.

Participants Signature: _____ Date: _____

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

Your Group Name : _____ Date of workshop: _____

I hereby grant Team Adventure LLC permission 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.

Participant Signature: _____ Parent/Guardian Signature: _____