

CSI CHALLENGE COURSE

Applicant Information and Confidential Medical Information

The CSI Challenge Course uses a variety of activities including warm-ups, games, team-building initiatives and low and high Ropes Course activities. Although some of these activities can be physically demanding, they are designed to be safe and within the capability of anyone in reasonably good health.

The CSICC operates under the “**Challenge by Choice**” philosophy. This means that you have the option to select your personal level of challenge in all activities or choose not to participate in an activity. If you begin an activity and do not want to complete it, it is your right to ask to quit the activity. The CSICC facilitators will assist you in a manner that is safe for you and other participants. During the program, we will provide a challenging setting in which to expand your limits, while supporting your personal boundaries.

As with any physical activity, there is some risk of injury. To minimize the potential for accidents, it is important to listen to the facilitators and follow their instructions. Please ask questions if you do not understand directions.

Name: _____ Date: _____

Address: _____ City _____ ST _____ ZIP _____

Phone(home) _____ Employer _____ Phone _____

Emergency Contact _____ Relationship _____

Phone: _____ Health/Accident Insurance _____

Do you have any current or past physical or mental conditions which might limit your participation in CSICC activities. NO _____ YES _____

If yes, identify and explain: _____

Are you currently taking any medications? NO _____ YES _____

If yes, please list _____

Do you have any allergies, reactions to medications or other medical limitations?

NO _____ YES _____

If yes, please explain: _____

I affirm that I have answered the above questions accurately and completely and that I am not under a physician's care for an undisclosed condition that bears upon my fitness to participate in CSICC activities. I the undersigned, assume and understand that there are inherent risks of bodily injury or damage to property, that accompany my participation in CSI Challenge Course activities. By signing below, I acknowledge that I have fully satisfied myself as to the nature of the activities that I will be participating in, the risks associated with each of the activities, the concept of "Challenge by Choice" and my responsibility to know my own limits. Having chosen to participate in any activity and accepting full responsibility for my own choices, I hereby release the College of Southern Idaho and the CSI Challenge Course it's staff members, and persons participating as instructors in these activities, from any and all liability for bodily injury, emotional injury or loss of property.

Signature _____ Date _____

Signature of Parent or Guardian if under 18 _____

CSI Challenge Course has my permission to seek emergency medical care for the participant in the event that: (1) The health and well-being of the participant is involved; (2) The participant or parent/guardian is unable to respond or cannot be reached at the time of the emergency; (3) Due to the nature of the emergency, there is insufficient time to contact the parent or guardian.

Participant Signature: _____

Signature of Parent or Guardian if under 18 _____

PHOTO MEDIA RELEASE

I grant the CSI Challenge Course the right to use, reproduce, assign and distribute photographs, films, videotapes and sound recordings of myself or my child for use in promotional materials they may create.

Signature: _____
