



Tecumseh Leadership Center

Confidential Participant Information Form & Release of Liability

Disclosure Statement – Please read this form carefully.

The experience based training programs offered at the Tecumseh Leadership Center involve participants in a variety of indoor and outdoor activities that may include warm-ups, games, group initiative problems, high and low ropes course initiatives, artificial rock climbing, rappelling, and other rigorous physical adventure activities.

Each of these activities involves a certain degree of risk, which must be assumed by the participant, that he or she may suffer emotional or physical injury. The Leadership Center subscribes to a philosophy of "Challenge by Choice," therefore the degree of physical involvement in these activities is determined by each participant. Staff take every measure to follow rigorous safety procedures, however the risks cannot be totally eliminated.

Because of this potential risk, the Tecumseh Leadership Center needs to be aware of any physical problems you may have. Therefore, please complete the medical form with health disclosure information (on the back of this sheet). Your information will be handled confidentially.

_____ I accept the fact that, while the facilitators are skilled and experienced, they cannot guarantee my total safety since some risks are beyond their control.

_____ I agree to follow all instructions and guidelines given by the facilitators and to act in a safe and responsible manner toward all participants.

_____ I agree to notify the facilitators of any changes to my health and fitness that may occur during the program.

Name: _____ Phone #: (_____) _____

Address: _____
City State Zip

Organization/Group: _____ Dept.: _____

Emergency Contact: _____ Relationship to You: _____

Daytime Phone #:(_____) _____ Evening Phone #:(_____) _____

**continued on next page . . .*

Please read this form carefully and answer each question.

Name: _____ Date of Birth: ____/____/____ Sex: M / F
Physician: _____ Phone #: (____) _____
Date of last physical: ____/____/____ Date of last tetanus shot: ____/____/____
Height: _____ Weight: _____

1. Do you have health/accident insurance? Yes No
If yes, please list the carrier _____ and policy # _____
2. Do you have any limiting physical disabilities/handicaps (temporary or permanent)? Yes No
If yes, please identify and explain: _____

3. Are you currently taking any medication (prescribed or over-the-counter)? Yes No
If yes, please identify and explain: _____

4. Do you have allergies, reactions to medications, or any other medical limitations? Yes No
If yes, please identify and explain: _____

5. Do you have any heart problems/irregularities? Yes No
If yes, please identify and explain: _____

6. Do you have any joint/bone problems or back problems? Yes No
If yes, please identify and explain: _____

7. Do you wear contact lenses? Yes No

The information provided here is a complete and accurate statement of the physical factors that may affect my participation in the Tecumseh Leadership Center program. I realize that my failure to disclose such information could result in serious harm to fellow participants and myself. I agree to hold the Tecumseh Leadership Center, Camp Tecumseh, its employees and its agents harmless if all relevant information is not disclosed.

This medical information will be kept confidential, except in the case of emergency (as decided by the Tecumseh Leadership Center Staff). By signing this form, I am stating that I understand the hazards inherent in the experience based programs at the Tecumseh Leadership Center and willingly choose to participate.

Should I become ill or injured, I give my permission for the program coordinators to render first aid and to seek emergency medical or rescue services, as appropriate. I give permission to the physician selected by the Director or his agent to order x-rays, routine tests and treatment, injection and/or anesthesia and/or surgery. I understand the costs of any medical care will be at my expense.

I grant to the Tecumseh Leadership Center and persons acting for or through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create.

Participant Signature Date ____/____/____

Parent/Legal Guardian Signature (if participant is under 18) Date ____/____/____