

ADVENTURE TRAINING CENTER

East Arkansas Community College



We look forward to hosting your group at the Adventure Training Center at East Arkansas Community College. The center features a state of the art, outdoor challenge course that provides the ultimate training experience for teambuilding and leadership development. Your Adventure will include the following elements:

Low Course:

You'll explore elements such as the *Wild Woozy*, *Mohawk Walk*, or dance your way through the *TP Shuffle* (that's really the name, don't ask why), or venture over the *Team Wall*.

High Course:

Only those who have tackled low course elements earn the right to continue to this level. You'll walk a tightrope 40-feet in the air, swing across the multi-vines and zip line 300 feet back to earth.

Forms

It is imperative that each participant complete the attached **Health Statement / History** and **Release** forms prior to arrival at the Adventure Training Center. Once the forms are completed, please return to your group leader.

What to Bring

- Sunscreen
- Sunglasses
- Comfortable clothes
- Bug spray
- Sturdy shoes
- Positive attitude and a willing spirit!

Sincerely,

Jessica Higginbotham
Adventure Training Center Facilitator
East Arkansas Community College
(870) 633-4480 ext. 347

**East Arkansas Community College
Challenge Course
Health Information and Release**

EACC Challenge Course programs involve a variety of activities that often include warm-ups, games, group initiatives, high and low ropes course elements, and other rigorous physical adventure activities. (The level of participation is at all times completely up to the individual's choice.) Yet, there is a risk, which must be assumed by each participant, that he or she may suffer emotional or physical injury.

Policy for participation in EACC Challenge Course programs requires that every participant complete the following health history, so the program facilitator is prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it to EACC prior to participating in any activities.

Name _____

Address _____ Gender _____

City, State, Zip _____ Age _____

Work Phone # _____ Home Phone # _____

Email Address _____

T-Shirt Size _____

In an Emergency Notify:

Name _____

Address _____

City, State, Zip _____

Work Phone # _____ Home Phone # _____

Physician _____ Physician's Phone # _____

Health History: Please circle the appropriate response and describe any YES answers:

Have you had or currently have any heart problems? (dates)	YES	NO	Comments:
Are you a smoker?	YES	NO	Comments:
Have you been told by a doctor that you have high blood pressure?	YES	NO	Comments:
Do you have epilepsy?	YES	NO	Comments:
Do you have diabetes?	YES	NO	Comments:
Do you have joint problems and/or arthritis?	YES	NO	Comments:
Do you often feel faint or out of breath?	YES	NO	Comments:
Do you have asthma?	YES	NO	Comments:
Do you have any disabilities?	YES	NO	Comments:
Have you had any operations and/or major illness or injuries? (dates)	YES	NO	Comments:
Has your doctor limited or discouraged any activities?	YES	NO	Comments:
Do you have any allergies? Please list.	YES	NO	Comments:
Are you allergic to any medication? Please list.	YES	NO	Comments:
Are you currently taking any prescription medicines? Please list.	YES	NO	Comments:
Are you currently sick or taking any over the counter medications? Please list.	YES	NO	Comments:
Are there any emotional conditions that the facilitators need to be aware of?	YES	NO	Comments:
NOTE: If you have had any heart or blood pressure related problems, you will need to have a release from a physician to participate in this challenge course.			
Do you carry family medical/hospital insurance? Carrier: Policy Number:	YES	NO	Comments:
Suggestions or health related information facility personnel need to know:			

Representation and Emergency Authorization

The health history that I have provided is accurate, to the best of my knowledge, and my health is satisfactory to participate in the East Arkansas Community College Challenge Course. I hereby give permission to East Arkansas Community College and its personnel to authorize emergency treatment. I also understand and agree to abide by any restrictions placed on my participation by the East Arkansas Community College Challenge Course, its facilitators, and/or its administrators.

Signature of Participant (or legal guardian if under 18 years of age)

Date

Witness

Date

**EAST ARKANSAS COMMUNITY COLLEGE
CHALLENGE COURSE RELEASE OF LIABILITY AND
MEDICAL RELEASE FORM**

(Print Name)

I understand that parts of the EACC Challenge Course may be physically and emotionally demanding. I agree to follow all safety instructions given by EACC Challenge Course staff during the training activities. I understand that each participant must assume the risk of injury or disability that could result from any of these activities. I release EACC, its staff members, and Board of Directors, from all liability for any injury to me from participation in the Challenge Course activities. I further agree to defend and indemnify EACC for loss or damage, including any that result from claims or lawsuits for personal injury, death, or personal property damage, relating to the activity or use of EACC facilities or equipment.

I represent that I am in satisfactory physical condition to participate in the activities. I authorize any person connected with the activity or EACC to administer first aid to me, if they deem necessary. I authorize medical and surgical care and transportation to a medical facility or hospital for treatment necessary for my well being, at my expense.

This agreement is governed by the laws of the State of Arkansas, and exclusive jurisdiction shall be in the circuit court of St. Francis County, Arkansas. If any part of the agreement is determined to be unenforceable, all other parts shall be given full force and effect. The undersigned parent or guardian acknowledges that she/he is signing this agreement on behalf of a minor and that the minor shall be bound by the terms of the agreement. This agreement shall be binding on the participant's assignees, heirs, next of kin, executors and personal representatives.

**I HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY AGREEMENT.
I VOLUNTARILY AGREE TO ITS TERMS.**

Signature of Participant

Date of Birth

Date

Signature of Parent/Legal Guardian (If Participant is under 18)

Date

Emergency Contact Name

Phone #