

Project W.I.L.D Team Challenge Course Medical History Form

All information on this form is kept confidential. Only a medical reviewer and appropriate Project W.I.L.D. staff will review it. For your safety, please ensure all information on this form is accurate and complete. Medical conditions do not automatically disqualify you from participation and we will try to accommodate any medical conditions or restrictions you have. Project W.I.L.D. reserves the right to refuse admission to anyone medically unfit for the program's activities.

Team Challenge Courses are held outside and typically last about two hours. Approximately a mile of walking is involved. Challenges are physical in nature, but should not be at all problematic for generally healthy persons.

Personal Info:

Name: _____ Date of Birth: ____/____/____ Gender: Male / Female

General Medical Information (to be completed by the participant):

Do you regularly take any medications? No: ___ Yes (elaborate below): ___
Do you have any allergies? No: ___ Yes (elaborate below): ___
Have you had any injuries or serious illnesses in the past 12 months? No: ___ Yes (elaborate below): ___
Do you have any physical or mental limitations that we should be aware of? No: ___ Yes (elaborate below): ___

Please explain any "yes" answers from the questions above. Include specific symptoms, frequency of occurrence, duration of symptoms, date of last occurrence, care for your symptoms, and any restrictions associated with your condition. Also include names of any medications to which you have had adverse reactions, any medications you are currently taking, and any information you want provided to emergency personnel in case of a medical emergency (attach a separate sheet if necessary):

Emergency Contact:

Name: _____ Relation to participant: _____
Primary phone: (_____) _____ - _____ Secondary phone (if applicable): (_____) _____ - _____

PARTICIPANT ACKNOWLEDGEMENT (to be signed by the participant):

The information I have provided above is complete and accurate to the best of my knowledge. I understand that only a designated medical reviewer and the appropriate Project W.I.L.D. staff will view this information. I authorize the medical reviewer to discuss this information with my medical provider, parent/guardian or the Project W.I.L.D. staff as needed to determine my fitness for this activity.

Signature: _____ Date: ____/____/____

LEGAL GUARDIAN ACKNOWLEDGEMENT (to be signed by legal guardian if participant is under 18):

I, the undersigned, as parent or guardian of the above designated Project W.I.L.D. program participant who is under the age of 18 years, have discussed all relevant medical issues with the participant and with a medical provider, as necessary. The information I have provided above is complete and accurate to the best of my knowledge. I understand that only a designated medical reviewer and the appropriate Project W.I.L.D. staff will view this information. I authorize the medical reviewer to discuss this information with his/her medical provider or the Project W.I.L.D. staff as needed to determine his/her fitness for this activity.

Signature: _____ Date: ____/____/____
Name: _____ Primary phone: (_____) _____ - _____

MEDICAL REVIEWER SECTION (to be signed by Duke Student Health Reviewer):

Signature: _____ Date: ____/____/____
Comments: _____

Assumption of Risk and Release of Liability Agreement

PLEASE READ THIS AGREEMENT CAREFULLY. IT IS A LEGAL CONTRACT AND AFFECTS ANY RIGHTS YOU MAY HAVE IF YOU ARE INJURED OR OTHERWISE SUFFER DAMAGES WHILE PARTICIPATING IN THIS ACTIVITY.

You have requested to participate in a Project WILD program. The undersigned has been made aware that during participation in Project WILD activities, certain dangers and exposure to physical injuries will be present, including but not limited to: hazards of changes in temperature and climate, travel in natural wooded areas, including the Project WILD Ropes Course area, and contact with wild animals, reptiles, insects, and poisonous plants. I understand that participation requires physical exertion and I am willing to assume the risks involved in this activity. I understand that as a participant I have the responsibility to help make the activities a safe experience for all participants through appropriate behavior and conduct. I also understand there are risks associated with deviating from the planned activities and therefore participants are advised to follow specific directions given from Project WILD staff.

In consideration of and as a condition of the right to participate in such an adventure/ community/ team building experience, or other activities and services incident thereto, arranged by Project WILD and Duke University, the undersigned does hereby assume all risks incident to such activities and does hereby release, waive and discharge Project WILD and Duke University, its trustees, officers, employees, agents or representatives, and other person(s) or organization(s) whose acts or to whom Project WILD and Duke University might be liable, from any and all liabilities, actions, causes of action, debts, claims, demands of whatsoever kind and nature which may arise out of or in conjunction with such an adventure experience or participation in any activities incident thereto.

It is my express intent that this ASSUMPTION OF RISK and RELEASE OF LIABILITY Agreement shall bind the members of my family if I am alive, and my heirs, assigns and personal representative if I am deceased. I hereby further agree that this Agreement shall be construed in accordance with the laws of the state of North Carolina.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT that I have read the foregoing Agreement, understand it, and sign it voluntarily.

_____ (Participant's Signature)

_____ (Date)

_____ (Please print your name)

The undersigned, as parents or guardian of the above designated Project WILD program participant, who is under the age of 18 years, do hereby join in the execution of this document and agree to be bound by all the terms and conditions thereof.

_____ (Parent's/Guardian's Signature)

_____ (Date)

_____ (Please print your name)