

Project SPIRIT Program

A Community Initiative Developed & Implemented for Edmond Juvenile Court

Health History & Informed Consent Form

All individuals wishing to participate in activities at Eagle Quest, Inc. must complete and sign a health history & Informed Consent Form.

Date: _____
Participant Name: _____ Date of Birth: _____
Address: _____ Age: _____
City: _____ State: _____ Zip: _____ Height: _____
Phone: _____ Weight: _____
Email: _____ Sex: __Male __Female
Parent/Legal Guardian: _____ Phone: _____

Other Persons to contact in case of emergency:

Name: _____ Phone: _____
Name: _____ Phone: _____

Medical Check List: General Health Conditions: Excellent Good Fair Poor

Do any of the following medical conditions apply to the undersigned (Please explain if answering yes to any question):

Heart Condition*, Chest Pains	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
High Blood Pressure*	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
Shortness of Breath*, Diabetes*	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
Back or Neck Injuries*	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
Allergic Reactions	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
Knee, Bone or Joint Injuries	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
Epilepsy*, Seizures* or Asthma	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
Recent Surgeries/Hospitalization	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
Currently taking Medication(s)	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
Pregnant*	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____
Other	<input type="checkbox"/> NO	<input type="checkbox"/> YES	_____

***The participant must have a doctor's written permission to participate if he/she answers yes to any of these items, or if h/she has, but not limited to any type of mental or physical condition such as heart problems, seizures, neck or back injuries, or taking medications that affect judgment or motor skills.**

FACT SHEET:

Games & Initiatives

Each participant will participate in games and activities designed to build teamwork, problem-solving skills, communication skills, cooperation, and goal setting. These games and initiatives are active and may include running, jumping, lifting, reaching, throwing, catching, stretching and other physical activities. Safety techniques will be taught for each game and initiative.

Low Elements

The participant will be involved in activities centered around a series of elements or obstacles designed to build self-confidence and group support. During these activities the participant may choose to walk on cables and beams, jump a reasonable distance, support falling group members in order to carry out the desired task. Safety techniques will be taught for each element.

The "Challenge By Choice" principle applies at all times for each participant. No one is ever required, forced or coerced to participate in any activity that they do not feel comfortable doing. However, since this is a required program for community service credit, participants who do not participate may not receive credit.

INFORMED CONSENT

RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of being allowed participating in any way in the Eagle Quest Challenge Course program, its related events and activities, I, _____, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant; including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline reduces this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown; and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of Eagle Quest Staff immediately; and,
4. I, for myself and on the behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Eagle Quest Inc., their officers, officials, agents and or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used for the activity. With RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature

Age

Date Signed

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(Under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability to my minor child's involvement or participation in these programs as provided above, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Parent/Guardian Signature

Date Signed

MEDICAL RELEASE: In the event that _____ should for any reason require surgical treatment and/or medication during the course of his/her attendance at/or participation in the Eagle Quest Challenge Course, I _____ authorize such physician, surgeon, or medical staff to carry out necessary treatment or to take my child/self to the nearest hospital and its medical staff to provide treatment deemed necessary by them for the well being of my child/self.

Parent/Legal Guardian Signature

Date

Participant's Signature

Date

PRIVACY STANDARDS:

We agree not to record his/her likeness and/or voice related to any television, film, radio or printed media. HIPAA Act of 1996 limits the use and release of individually identifiable health information. Confidentiality of any and all information gathered is of paramount importance.

If you require further information prior to signing, please call us at (405) 315-0023, ask for Edmund Fontaine or Sonya Fontaine. Please leave a message about your question if we are not available.