

**CALIFORNIA STATE UNIVERSITY, FRESNO
RECREATION ADMINISTRATION AND LEISURE STUDIES**



E.D.G.E. CHALLENGE ROPES COURSE

DISCLOSURE

The E.D.G.E. Course involves a variety of activities including warm-ups, games, group initiative problems, low and high challenge course elements, and other rigorous physical adventure activities. The level of participation in the course is entirely voluntary. Safety measures have been designed into the program (highly trained staff, state-of-the-art equipment and strict safety standards) to safeguard all participants against possible injury. As with any program of this type, there is a risk which must be assumed by each participant that he or she may experience an emotional or physical injury.

PARTICIPANT INFORMATION

Certain health/medical information must be made known to the instructor(s) conducting the program so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it prior to participating in any activities.

1. Name: _____

CSUF Student I.D.# (If applicable): _____

2. Do you have health/accident insurance? Yes No

If yes, name company: _____

Policy Number _____

3. Do you have limiting physical disabilities or limitations (temporary or permanent, including but not limited to pregnancy, asthma, heart condition, diabetes, depression, etc.)?

Yes No (If yes, identify and explain) _____

4. Are you currently taking medication (prescribed or otherwise)? _____

5. Do you have any allergic reactions to medications, any other medical limitations?

Yes No (If yes, identify and explain) _____

RELEASE OF LIABILITY

I understand that parts of the course may be physically or emotionally demanding. I affirm my health is good, and that I am not under a physician’s care for any undisclosed condition that might endanger my health or that on other participants. I recognize the inherent risk of injury or disability in the E.D.G.E. Challenge Course activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release the owners/operators, the Recreation Administration and Leisure Studies Program, California State University, Fresno and its faculty/staff from all liability for any injury to me from participation in the course.

MEDICAL PERMISSION AGREEMENT

I hereby give permission to assume responsibility for securing necessary medical care for the well being of myself _____ as long as I am a participant in the course. In case of sudden medical emergency, I give the hospital permission to secure any needed medical or surgical care. I understand that the owner/operator is not responsible for any medical expenses incurred.

Date

Participant’s Signature (if at least 18 years or older)

Participant’s Address

City, State Zip Code

Home Phone Number Business Phone Number

Parent/Guardian’s Signature (if under 18 years of age)

For Staff Use Only

Responses to questions #3, 4, 5 reviewed by:

Signature Date

Title