

SAN JUAN COLLEGE
HIGH ENDEAVORS CHALLENGE COURSE and INDOOR CLIMBING FACILITY
 4601 College Blvd. - Farmington, NM 87402 - (505) 566-3113

Disclosure

High Endeavors Challenge Course and Indoor Climbing programs involve a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, climbing activities and other rigorous physical adventure activities. These activities may involve balancing, heights, lifting, pushing, and pulling; and may be outdoors where rough, uneven footing, limbs and branches, insects, or animals, and possible inclement weather may be present. The level of participation in these activities is at all times completely up to the individual's choice. I understand and acknowledge that these activities may be hazardous. I full understand my physical limitations and accept and hold harmless San Juan College for any injury caused from my physical limitations, whether seen or unforeseen. I assume all risks associated with my participation in these activities.

Policy for participation in all High Endeavors Challenge Course and Indoor Climbing programs requires that every participant complete this form. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete this form prior to participating in any activities.

Please type or print legibly!

Name of Group or Institution: _____ **Date(s) of program:** _____

Participant Information:

Name:		Date of Birth:	Gender: M F	Height:	Weight:
Current level of physical activity: (Circle one)	Very high	High	Moderate	Low	
Do you have health/accident insurance?			YES	NO	
If yes, name & address of company:					
Do you have any pre-existing medical/physical conditions, disabilities (temporary or permanent)?			YES	NO	
If yes, identify and explain:					
Do you have high blood pressure?			YES	NO	
Do you have high blood pressure?			YES	NO	
If yes, are you taking medication? (List medication below):					
Do you have any type of heart condition or is there a history of heart conditions in your family?			YES	NO	
If yes, identify and explain:					
Are you currently taking medication (prescribed or otherwise, e.g. cold medicine)?			YES	NO	
If yes, state what you are taking and what condition it is for:					
Do you have any allergies, reactions to medication, or any other medical limitations?			YES	NO	
If yes, identify and explain:					

(Please complete Side 2.)

By signing this document, I acknowledge that if I am injured during the course of my participation in this event, I hold San Juan College harmless for any and all injuries. I assume all risks associated with my participation in this activity.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

Release of Liability:

I understand that part of the High Endeavors Challenge Course and/or Indoor Climbing Facility program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care of any undisclosed condition that bears upon my fitness to participate in High Endeavors Challenge Course and Indoor Climbing activities. I recognize the inherent risk of injury or disability in these activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release San Juan College and its staff members, and Board of Directors, from all liability for any injury to me from participation in High Endeavors Challenge Course and/or Indoor Climbing activities.

SIGNATURE of Participant _____ Participant Name PRINTED _____ Date _____

Address _____ Phone _____ Age _____

SIGNATURE of Parent/Legal Guardian (if under 18) _____ Parent/Legal Guardian Name PRINTED _____

Person to Notify in case of Emergency _____ Relationship _____ Phone _____

Publicity Release Form

I hereby voluntarily and without compensation authorize San Juan College to use my name, photo, or information about me in promotion of the college through radio, television, news media, or other printed materials.

Such information will be used only for promotion of San Juan College and for no other advertising purposes.

Signature _____

Date _____

Signature of Parent/Legal Guardian (if under 18) _____