

Do you take any prescription medication(s) that we should be aware of?

Medication:	Dosage:	Frequency:

INFORMED CONSENT

RISKS	PREVENTION
Getting hit by a falling object.	Be alert. Look up before walking near or under course. Wear your helmet at all times!
Hair, clothing or jewelry getting caught in pulleys or other parts of the Challenge Course.	Tie long hair back. Remove rings, dangling earrings, watches, etc. and wear proper clothing.
Injuries or discomfort caused by improper use of harness.	Have harnesses checked by two different staff members.
Scrapes, cuts, and/or splinters.	Climb within abilities. Wear proper clothing.
Serious injury and/or death.	Wear proper safety gear. Make sure belayer is ready before you climb.

I, _____, have read the above and fully understand the rigorous nature of the Challenge Course experience and the risks associated with it. I also realize that additional risks and/or dangers not outlined above may exist.

In case of a medical or surgical emergency, I hereby authorize Coloma Institute to provide medical, nursing or surgical care, including care rendered through the nearest physician or hospital for any emergency which may arise while I am in attendance. I will assume full financial responsibility for all medical, nursing, or surgical care, including transportation.

Signature _____ Date: _____

If you have not authorized medical treatment by your signature on the above line, please state your reasons and sign below:

Signature: _____ Date: _____

Please complete and return to group coordinator two weeks prior to trip.