

PLEASE PRINT LEGIBLY

DATE OF PROGRAM: _____

PARTICIPANT'S NAME: _____ PHONE: (H) _____ (W) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PLACE OF EMPLOYMENT: _____ OCCUPATION: _____

BIRTH DATE: _____ AGE: _____ GENDER: *Male Female* HEIGHT: _____ WEIGHT: _____

MEDICAL INSURANCE COMPANY: _____ POLICY # _____

NAME OF FAMILY MEMBER: _____ PHONE NUMBER: _____

EMERGENCY CONTACT NAME: _____ *Relationship to Participant:* _____

EMERGENCY CONTACT PHONE NUMBER: (*Work*) _____ (*Home*) _____

RECENT SURGERIES (*Past six months*): _____

MEDICATIONS CURRENTLY BEING TAKEN: _____

KNOWN ALLERGIES: _____

SPECIAL HEALTH INFORMATION (*i.e. diabetic*): _____

SPECIAL PHYSICAL CONSIDERATIONS (*i.e. low vision*): _____

Physical Activity Readiness Questionnaire (PAR-Q)

PAR-Q is designed to help you protect yourself. The completion of PAR-Q is a sensible first step if you are planning to engage in increased physical activity, such as a Team Quest Learning Services' program. For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of participants for whom physical activity might be inappropriate or those who should have medical advice before engaging in strenuous activities. Common sense is your best guide in answering these few questions. Please read them carefully and circle YES or NO opposite the question as it applies to you.

- YES NO 1. Has your doctor ever said you have a heart problem?
- YES NO 2. Do you frequently have pains in your heart?
- YES NO 3. Do you often feel faint or have spells of severe dizziness?
- YES NO 4. Has a doctor ever said your blood pressure was too high?
- YES NO 5. Are you currently taking any medications?
- YES NO 6. Are you unaccustomed to vigorous exercise?

- YES NO 7. Has your doctor ever told you that you have a bone or joint problem such as Arthritis that has been aggravated by exercise, or might be made worse with exercise?
- YES NO 8. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
- YES NO 9. Do you smoke on a regular basis?
- YES NO 10. Are you pregnant?

IF YOU ANSWERED:

YES to one or more questions

If you have not recently done so, consult with your personal physician by telephone or in person BEFORE increasing your physical activity and/or participating in a Team Quest Learning Services' program. Tell your physician what questions you answered YES to on this form.

NO to all questions

If you answered the PAR-Q accurately, you have reasonable assurance of your present suitability for participation in a Team Quest Learning Services' program.

INFORMED PARTICIPANT CONSENT SIGNATURE:

Date _____

The University of Oklahoma Team Quest Learning Services

RELEASE AND ACKNOWLEDGEMENT

The University of Oklahoma's Team Quest Learning Services' program can be an activity involving risks or injury. I understand that the challenge course will involve participation in exercises that are, by their nature, physically demanding and will subject the participant to stress, anxiety and possible hazards, not all of which can be foreseen.

The course includes jumping, climbing and walking on cables, logs, walls and beams at various elevated heights. There exists the possibility of certain health risks during the challenge course. These may include, but are not limited to, skeletal-muscular injuries (e.g. strains, contusions or bone fractures) and cardiovascular related disorders (e.g. fainting, abnormal blood pressure, disorders of heartbeat and heart attack).

Because of the risks involved in participating in the challenge course, I recognize the importance of the instructions regarding the rules of the event. I agree to obey such instructions. In consideration of The University of Oklahoma permitting me to participate and engage in all activities related to Team Quest Learning Services' programs, I hereby voluntarily assume all risks associated with participation in the challenge course and agree to release any and all rights or claims for damages against the University, its agents and employees from any and all liability. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family.

I hereby acknowledge and state that my participation in this activity is entered into as a free and voluntary act with full and complete knowledge of the risks involved.

In addition, in case of accident or need for medical attention, I give permission to The University of Oklahoma's staff to take named participant to a doctor and/or emergency facility. (It is understood that all expenses for treatment provided will be borne by the parent, guardian or the participant.)

This release is executed and acknowledged on the _____ day of _____, 20_____.

Participant's Signature: _____ Participant's Printed Name: _____

Parent/Guardian's Signature (if participant is under 18 years of age): _____

PHOTO/MEDIA RELEASE

I, _____, grant to The University of Oklahoma, and persons acting for or through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes and sound recordings of said participant, for use in materials they may create.

This release is executed and acknowledged on the _____ day of _____, 20_____.

Participant's Signature: _____

Parent/Guardian's Signature (if participant is under 18 years of age): _____

NO ONE WILL BE ALLOWED TO PARTICIPATE OR BE PRESENT AT A TEAM QUEST LEARNING SERVICES' PROGRAM WITHOUT THIS COMPLETED AND SIGNED RELEASE FORM.