

Use Name – Printed _____

Date _____

Luther Student Climber _____ Luther ID (If Student or Staff) _____

Community Climber _____ Group Name if Applicable _____

CHALLENGE COURSE/CLIMBING WALL
INFORMATION, RELEASE OF LIABILITY, and HEALTH FORMS

The Luther College Climbing Wall/College Challenge Course involves a variety of physically demanding activities including warm-ups, group initiatives, spotting exercises, and climbing to heights of 32 ft. Participation in both Climbing Wall and Challenge Course programming presents potential risk for emotional injury, physical injury, and/or disability. All participation in Climbing Wall/Challenge Course programming is an individual choice.

The Luther College Climbing Wall/Challenge Course policy requires that every participant have current health/accident insurance coverage. Furthermore, certain health/medical information detailed on the Health Form must be made known to the instructor(s) so that they are prepared to help participants make informed choices regarding level of participation.

The following information will be held in confidence. Please sign and return to a Climbing Wall/Challenge Course staff member.

RELEASE OF LIABILITY:

I understand that parts of the Luther College Challenge Course/Climbing Wall program may be very physically and emotionally demanding. I affirm that my health is good, and that I am under a physician's care for any undisclosed condition that bears upon my fitness to participate in any activities presented by the Luther College Climbing Wall/Challenge Course program.

I recognize the inherent risk of injury or disability while participating in Climbing Wall and Challenge Course programming and understand that each participant must assume the risk of physical injury that could result from participation. I release Luther College, the Climbing Wall/Challenge Course staff members, their agents, owners, officers, volunteers, and participants from all liability for any injury or disability that may occur while participating.

Date: _____ Applicant's Signature (18 and older): _____

Name (Printed): _____

*Date: _____ Parent or Guardian Signature (if under 18): _____

Please Print Applicants Address: _____

City, State, Zip: _____

Home Telephone #: _____ Business #: _____

Emergency Contact Name and #: _____

MEDICAL INFORMATION:

NOTE: In the interest of trying to provide a successful experience for all participants we ask that you take the time to answer the following questions. This information will be kept in confidence by Luther College and only shared with your permission

Name: _____

Gender: ___M ___F

Date of Birth ____/____/____

1. Do you have health/accident insurance? ___no ___yes. If yes, please provide name and address of insurance company: _____

2. Do you have any limiting physical or health disabilities (temporary or permanent)? ___no ___yes. If yes, identify and explain:

3. Are you currently taking medication (prescribed or otherwise, e.g. cold medicine)? ___no ___yes. If yes, what are you taking and what condition is it for:

4. Do you have any allergies, reactions to medications, or any other medical limitations? ___no___ yes. If yes, identify and explain:

5. Do you have any of the following symptoms/conditions? Circle yes or no and describe below.
A. Do you have any history of heart disease, or heart attack? yes/no
B. Do you have high blood pressure or any history of high blood pressure? yes/no
C. Do you have any chest pains/pressure heart palpitations, heart murmurs? yes/no
D. Have you ever had a stroke? yes/no
E. Do you have diabetes? yes/no

6. If you circled "yes" to any of the above questions (letters A-E), identify the condition and describe below:

7. Other concerns/issues:

PHOTO/MEDIA RELEASE

Sign if you DO NOT grant Luther College the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of yourself for use in materials they may create.

Signature (18 yrs. Or older): _____

Signature of Parent or Guardian (if under 18): _____