

Information and Medical Release Form

Failure to complete all portions of this form accurately could result in injury or compound the damage of an existing injury.

I. General Information (please print clearly)

Name _____
Address _____
Prov/St _____ Postal /ZIP _____ Country _____
Primary Phone _____ Alternative Phone _____
Male () Female() Height _____ (ft / cm) Weight _____ (lbs/ kgs) Date of Birth _____
Group Name _____ Room Number _____

II. Medical Information

Person to be notified in case of emergency _____ Relationship _____
Primary Phone _____ Alternative Phone _____
Address _____
Prov/St _____ Postal /ZIP _____ Country _____
List any medicines to which you are allergic _____

List any other allergies (food, insect bites, poison ivy, etc.) _____

Are you allergic to bee stings? Y / N If yes, do you carry medicine? Y / N
Name of medicine _____ Nature of reactions _____

III. Medical History

1. Name any illness or condition for which you are now undergoing treatment and list any medications that you are currently taking

2. If you have had any of the following conditions, state the year of occurrence and the body location in which it occurred:

Hernia _____ Fracture _____
Dislocation _____ Sprain or Strain _____

3. Name any injury, illness, or disability not mentioned, and year of occurrence

4. If you have, or have had any of the following symptoms or conditions, circle "Yes", underline specifics, and provide sufficient details on the lines below. If not, circle "No".

a) Are you a transplant recipient? Yes / No
b) Cardiac disease/condition Yes / No
c) Active orthopaedic problem Yes / No
d) Atlantoaxial Instability (AAI) Yes / No
e) Abdominal organ enlargement Yes / No
f) Are you pregnant? Yes / No
g) Do you have any medical condition for which your doctor has advised you to limit the physical activity you do? Yes / No

(*Please note that any information provided to us about your medical conditions will be kept entirely confidential. Your group will not know what you have revealed however, it is very important that you advise us of any of the above conditions because participating in the Challenge Course can have adverse and potentially severe consequences for these conditions.)

Provide any details in regard to any questions to which you have circled "Yes"

5. If you have a disability, please indicate your needs in the following section (e.g. toileting, mobility)

IV. Insurance

We do not provide sickness or accident insurance for participants. Therefore, it is each participant's responsibility to be covered by his/her own hospitalization policy.

1. Hospitalization or medical policy _____
2. Alberta Health Number _____

V. Signature

I am aware of my past and present health and fitness in relationship to strenuous activity. I fully understand the rigorous nature of the Ropes Course Experience. In the event of an accident or emergency that renders me unable to communicate, I grant my permission for any medical care, operations, and/or anaesthesia that might become necessary. _____ (initial)

I have read and understand the risks listed on the reverse side of this page and how to avoid them and agree to take an active part to protect myself and my fellow participants during this activity. _____ (initial)

I realize there are other risks and/or dangers that may exist and I will avoid these also, and I will not participate in unsafe practices and I will inform the staff of any dangers known to me that may cause injury to myself or others. _____ (initial)

I agree to respect the rights and feelings of the other participants and staff and to act in a supportive and caring manner during my participation of this event. _____ (initial)

I understand that I should do nothing that may harm the environment or its natural beauty, so that anyone that follows me may enjoy what nature can provide. _____ (initial)

I understand that I have the right to not participate if I do not feel physically or emotionally safe. _____ (initial)

I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this release form and by signing in the space provided below I do acknowledge that I have read completely and fully and understand all aspects of this release form and agree to its term in its entirety. _____ (initial)

I acknowledge that during my participation in Koda's Challenge, my photograph may be taken and used for commercial purposes by the Goldeye Centre. _____ (initial)

I have read all of this Informed Consent and understand that I may be dismissed from participation for refusing to follow any of the above.

Signature of Participant _____ Date _____

(Parent/Guardian if under 18) _____ Date _____

Koda's Challenge Information Letter

Thank you for your interest in the Koda's Challenge Course experience! Our goal is to create a valuable and memorable experience for every group that comes out. We work hard prior to your arrival to set up a program and get you all the pre-course information. To help us help you achieve your goals, here are a few things you will need to know prior to using the course:

Who May Participate?

An individual with a completed Waiver Package

A group minimum of 6 people

Climbing Wall:	6 years and older
High Team Course & Giant Swing:	8 years and older
High Static Course & Zip Line:	14 years and older

Koda's Challenge has a weight restriction for your safety and that of others; please refrain from participating on the elements if you are 250lbs or over.

If you have any physical conditions that are of concern to you or if you have a disability, please inform us and note it on the "Medical Information Form" so that we may work with you in performing activities safely.

Attire for participants:

- Suitable for the weather conditions (consider mud, rain, cold, etc.)
- Comfortable, casual, durable
- Pants or shorts (mid-thigh) empty pockets
- Long or short sleeved shirts (sleeveless not permitted)
- Hair must be tied back
- Comfortable closed toed shoes (runners/cross-trainers)
- Jewelry and Watches should be left in a safe place

Eyewear, Hearing Aids, and Medical Devices

Use normal precautions for participating in outdoor activities to protect these items.

Alcohol, Tobacco, Gum and Candy Produces

Not allowed on the courses or during activities (for safety reasons)

If you have consumed alcohol, you will not be permitted to go onto the courses or participate in activities.

Koda's Challenge has a **ZERO TOLERANCE** policy in regards to alcohol consumption before and/or during the program.

Weather

Programs will generally continue rain or shine. However, in the event of severe weather, the program staff will stop all high and low course activities, and will discuss suitable options for the group with the group's leader.

Risks	Prevention	Solution/Treatment
1. <i>Getting hit by a falling object.</i>	Be alert. Look up before walking near or under the course. Wear a helmet.	Inform staff of injuries for assistance.
2. <i>Hair, clothing, or jewellery getting caught in pulleys or other parts of the challenge course.</i>	Have long hair tied back. Remove rings, dangling earrings, watches, etc., and wear proper clothing (i.e., avoid loose sleeves).	If caught, remain calm and ask staff for assistance.
3. <i>Injuries or discomfort caused by improper wearing of harness.</i>	Tie harness as secure as possible and check for any loosening throughout the day. Have tied harness checked by 2 different staff members.	If you have any questions or doubts, ask staff for assistance.
4. <i>Scrapes and cuts.</i>	Climb within abilities. Wear proper clothing.	Inform staff of any injuries.
5. <i>Death or serious injury.</i>	Wear proper safety gear. Check to see if carabiners are secure. Make sure belayer is ready BEFORE you climb.	Inform staff of any injuries.