

# Girls Incorporated of Lakeland

## **RELEASE & WAIVER OF LIABILITY INFORMED CONSENT WITH PUBLICITY RELEASE**

The purpose of this Release Waiver of Liability and Informed Consent Form is to inform you of the potential risks of participating in this program. We also ask permission to use any video or pictures taken during the activities.

***REMEMBER, participation in all activities is voluntary!***

**This teambuilding**

**involves many activities which may include:**

- Complying with verbal instructions and directions given by facilitators.
- Stretching, bending, jumping, climbing or descending and walking or running as you choose to participate.
- Wearing a harness and helmet to assist you in climbing, jumping and descending safely.
- Certain activities of the program that are physically, mentally and emotionally demanding and due to the nature of these activities may cause you to have a maximum heart rate in a short period of time.
- You being encouraged to challenge yourself based on your abilities and your choice.
- You being given the opportunity and encouraged to choose your own level of participation, keeping in mind that you have the ability to stop at any level you desire at any time.
- Listening very carefully to all instructions and briefings, asking questions for clarification as necessary for your complete understanding.
- Setting your own goals in relation to your group's goals.
- Making your choice and decisions as to your level of participation and informing others of your choice.
- Being aware that we will provide a challenging setting that may expand your limits while supporting your personal boundaries.
- Communicating and cooperating with others: To make your wants (based on needs) known, and to help others with their wants (based on needs), as they are made known to you.
- Supporting, affirming and encouraging others as they make their "best effort."
- Participating as a team member in activities while monitoring & evaluating whether your actions & words match.
- Realizing that although this program follows strict safety procedures to reduce risk, it cannot eliminate all risk which may include injury or death.

***REMEMBER, participation in all activities is voluntary!***

I have read and have received an explanation of the above information. I understand and agree to abide by all instructions and directions given to me by the facilitators.

**Participant Signature** \_\_\_\_\_

### **Picture, video and publicity Release, including use of material on the Internet and/or Web Pages:**

Pictures and video of any and all activities may be taken for the use of training material, publicity, etc. Pictures and video may appear (but not limited to appearance) in newspaper and magazine articles, training materials, television, Internet and other mediums. Please sign below indicating your approval and release of such materials.

Parent/Guardian Signature \_\_\_\_\_ Participant Signature \_\_\_\_\_

*This is a 2-page form (front, back) of which this is the front.  
This form is incomplete unless both sides are completed!*  
**REGISTRATION/HEALTH HISTORY & RELEASE FORM**

It is necessary for you to complete this page to make us aware of any medical concerns that you may have.

Participant Name \_\_\_\_\_ (PLEASE PRINT) Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. List any and all physical limitations (temporary or permanent) that may inhibit participation in the PLI physical activities. ***Please circle any that apply:***

<b>Pregnancy:</b> no yes	<b>Back/neck problems:</b> no yes
<b>Knee/ankle problems:</b> no yes	<b>At risk for cardiac problems:</b> no yes
<b>Current heart condition:</b> no yes	<b>Over 40:</b> no yes
<b>Overweight:</b> no yes	<b>Smoker:</b> no yes
<b>High blood pressure:</b> no yes	<b>Family history of heart attack or stroke:</b> no yes
<b>Other:</b> no	
<b>Other:</b> yes describe: _____	

2. List any medications that you are currently taking that you would like us to be aware of:

3. List any allergies that you have that you would like us to be aware of:

If you answered YES to any questions or have any other health related concerns, please inform us now. You should contact your physician to determine if physical activity of this type is acceptable. If you or your physician has questions regarding the information on this form, please contact us at (863) 521-2189. You may request to contact your physician at this time, or any time before, or during the program.

I understand that I am responsible for assessing my ability to participate in each activity offered at the program. I affirm that my health is good, and that I have disclosed the information necessary to enable course facilitators to provide safe and effective assistance should an emergency arise. The undersigned will be participating in a teambuilding physical activity on or around a ropes course. The undersigned acknowledges that the program involves physical activity. In consideration of the opportunity to participate in this program and for other good and valuable consideration, I do hereby release and agree to hold harmless Girls Incorporated of Lakeland, The FALLS Adventure Inc., Polk County Schools including Blake Academy AND employees, landowners, agents and members from the above organizations from all liability, demands, suits, actions, claims, or judgments of any nature, and costs and expenses, including reasonable attorney's fees incidental thereto, for any injury, damage, illness, or death which I sustain during, or as a result of any participation in the program or which is in any other way related to the program, whether arising out of my actions or the negligent acts or omissions of the above mentioned parties. I have been advised and recognize the risks or injury or death inherent in connection with the program. I acknowledge that this release is being relied on by the above persons in permitting me to participate, and that this release shall be binding on heirs, my assigns, personal representatives, and me.

In case of emergency contact: Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Personal Health Insurance Policy Information: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Company Name Policy Number is required!

**All Participants under the age of 18 require parent/guardian approval and consent:  
The undersigned parent or legal guardian has read and voluntarily signs this minor release and waiver of liability and informed consent form and indemnity agreement**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

**This is the back or page 2 of a 2-page form (front, back) and is incomplete unless the front is completed!**

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