

# REGISTRATION / HEALTH FORM

Participant Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Contact Name \_\_\_\_\_

Business Address/Home Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

1. Have you previously participated in a Challenge Course? If yes, when? YES NO

2. Do you have limitations (temporary or permanent) that may inhibit participation in physical activities? If yes, please explain. YES NO

3. Are you currently taking medication (prescribed or otherwise: e.g. cold medicine)? If yes, please explain. YES NO

4. Do you have allergies to plants, insects or sensitivity to sunlight? If yes, please explain. YES NO

If you respond YES to questions 2, 3, or 4, or have any other health related concerns, please contact your physician to determine if (indoors and/or outdoors) physical activity of this type is acceptable.

If you and/or your physician have further questions regarding the information on this form, please contact the Course Manager, Team Challenge Course at (920) 457-4441, ext. 77017

I understand that I am responsible for assessing my ability to participate in each activity offered by the Team Challenge Course. 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. In case of emergency, I hereby give my permission, as a participant in the Course, to receive any first aid, transportation, or medical attention that may be required in the event I am injured as a result of my participation in the Course.

“Challenge by Choice” will be stressed. It includes choosing your path of participation.”

“The undersigned will be participating in a Team Challenge Course program (the “Course”) at Kohler, Wisconsin. The undersigned acknowledges that the Course involves physical activities which, gives rise to the risk of bodily injury or property damage. 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 Kohler Co., their respective agents, employees, officers, directors, and members from any and all liability, demands, suites, 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 my participation in the Course of which is in any other way related to the Course, whether arising out of my actions or the negligent acts or omissions of the above mentioned parties. I recognize the risks of injury inherent in connection with the Course. 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 me, my heirs, assigns, and personal representatives.”

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARTICIPANT’S EMERGENCY INFORMATION

Person to Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship \_\_\_\_\_

Doctor’s Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Medical Insurance Policy (Kohler or other) \_\_\_\_\_