

# Butler University Challenge Course

## Participant Information Letter

Welcome to Butler University's Challenge Education Program! We look forward to getting to know you! You will be participating in a full day with Team Challenge Activities in the morning and exploration on our High Ropes Course in the afternoon. This packet contains some information about your program, a Participant Liability Release, a Medical Information Form, and a map to our parking location in Butler University's Holcomb Gardens. Please complete both forms in full and bring them with you on the date of your event. Thank you!

Our Team Challenge Activities focus on helping your group discover team building strategies, enhancing group dynamics, and developing a rapport for future endeavors. This is done through a personalized mix of group-focused activities, on or a few feet above the ground, which foster collaboration and allow the group to reflect on their experiences. In addition, the Team Challenge Activities can enhance leadership, trust, communication, problem solving, and cooperation as it aligns with your groups' goals.

Our High Ropes Course is an interconnected group of unique bridge systems 38 to 45 feet off the ground. It includes a climbing tower, Trapeze Leap, rappelling station, cargo net, and Giant Breath-taker Swing. The High Ropes Course is designed to enhance self-confidence, self-trust, and personal growth while accommodating varying levels of physical ability.

In preparing for your event, here are some things to consider:

### Clothing should be:

- Loose, comfortable, and durable.
- T-shirts and tops should be long enough to tuck into pants or shorts.
- Shorts should reach mid-thigh or longer.
- Layered clothing is great for adjusting to the weather during the day. We will be outside!

### Shoes should be:

- Comfortable and fully enclosed, such as running shoes or sneakers
- **NO SANDALS OR OPEN-TOED SHOES, PLEASE.**

### Jewelry/Cell Phones/IPods/etc.:

- As a general rule, we ask that all jewelry, watches, electronics, and other personal items be left at home or locked safely in your car.
- For safety, please make sure any body piercings are protected or removed.

### Hair:

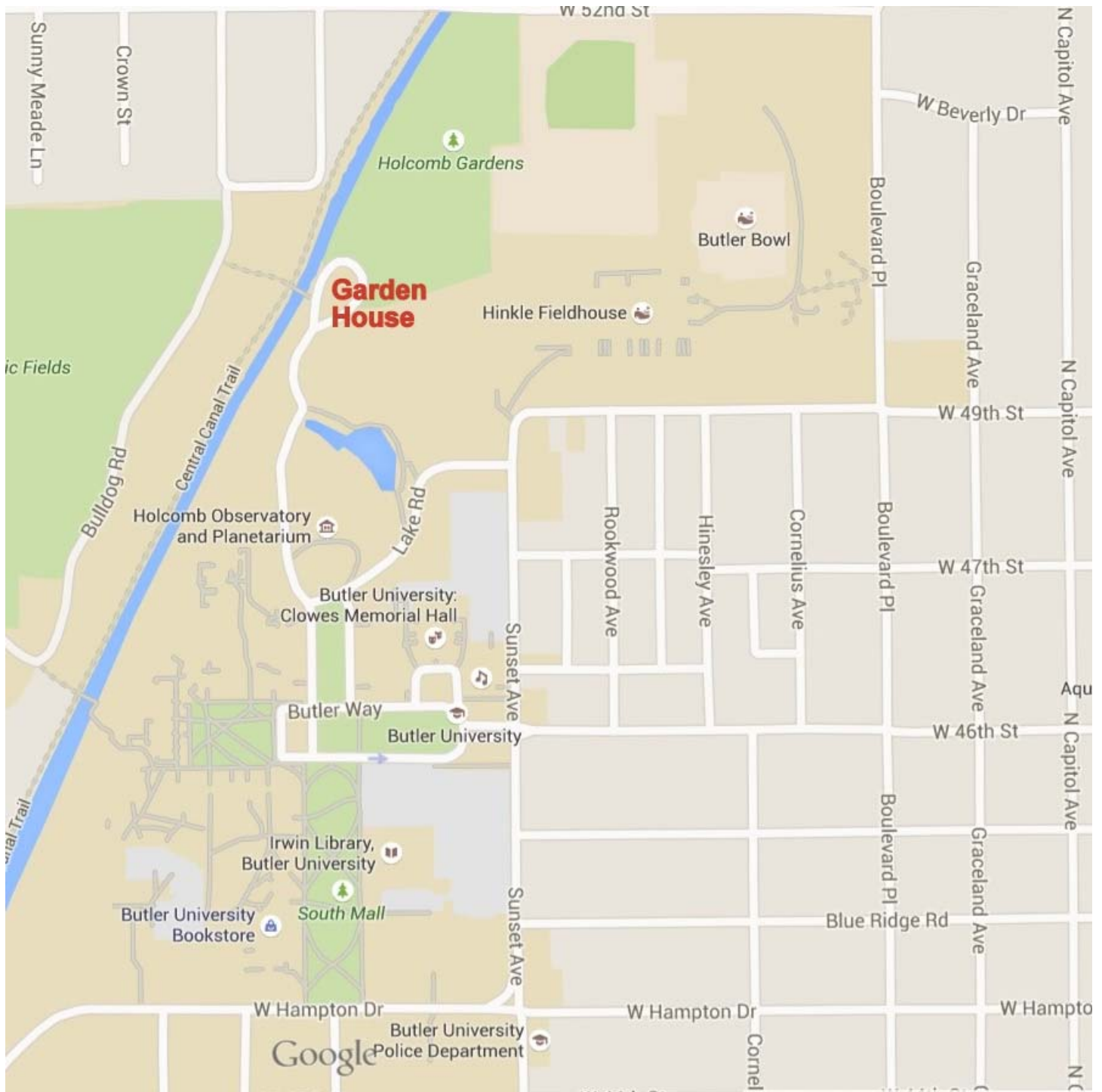
- If a hairstyle hinders the **secure fit** of the helmet, the individual will **not** be able to participate on the High Ropes Course. Long hair must be pulled back. A low ponytail is suggested for secure helmet fit.

### Glasses and contact lens wearers:

- Take any precautions that you would normally take when participating in outdoor activities to protect your eyes and your eye wear.

### **Who May Participate?**

Anyone of "normal" physical condition, age 12 and up, may participate. If you have any physical conditions out of the ordinary, please inform us and note it on the Medical Information Form, so that we may assist you in performing activities safely. Our rule on the course is "Honor Your Body."



The general address for the Holcomb Gardens is 4943 Garden Rd, Indianapolis, IN 46208. You can park anywhere on the circle at the bottom of the hill in the Gardens.

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## Assumption of Risk, Informed Consent, and Release of Liability

I, \_\_\_\_\_ (Participant Name), fully understand and voluntarily accept the following statements:

*(Please initial below to indicate you have read, understood, and agree with each individual section. Every section must be initialed to participate in a BUCC program.)*

\_\_\_\_\_ Participation on the Butler University Challenge Course (BUCC) could result in accidental injury or death and may be physically or emotionally demanding, and I assume all associated risks.

\_\_\_\_\_ The level of participation on the BUCC is at all times completely voluntary.

\_\_\_\_\_ I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate on the BUCC.

\_\_\_\_\_ I am aware that I might be photographed and/or videotaped during my participation, and authorize such photographs and/or videotapes to be used by Butler University in training and/or promotional materials at any point in the future. I understand that I will not receive compensation for the use of such photographs and/or videotapes.

\_\_\_\_\_ I state that I am not now and I will not be under the influence of any chemical substance including alcohol while participating in the BUCC program.

\_\_\_\_\_ I affirm that the participant named above is 12 years of age or older.

Being fully aware of the degree of risk and injury to the participant named above, I hereby release Butler University and all of its staff members, employees, president, and board of any liability resulting from accident or injury incurred while participating on the Butler University Challenge Course.

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

*Participants under 18:*

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

*By signing above, the parent/guardian assumes all legal responsibility for the underage participant named on this form.*

# Butler University Challenge Course

## Participant Medical Information Form

**The following information will be kept strictly confidential. Please completely answer every question:**

### I. General Information *(please print)*

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Local Address \_\_\_\_\_

Local Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Height \_\_\_\_\_ Weight

### II. Medical Information

Person to notify in case of injury or illness \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Hm Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

List any medication(s) to which you are allergic (Please put "n/a" if no medications.)

\_\_\_\_\_

\_\_\_\_\_

List any other allergies (insect bites, poison ivy, etc.)(Please put "n/a" if no allergies.)

\_\_\_\_\_

\_\_\_\_\_

Are you allergic to bee stings (Yes or No)? \_\_\_\_\_ If yes, do you carry medicine? \_\_\_\_\_

Name of medicine \_\_\_\_\_ Nature of reaction \_\_\_\_\_

### III. Medical History

**If you now have, or have had any of the following symptoms or conditions, please circle "yes", underline and describe the problem. If not, circle "no".**

a) YES NO Dizziness, loss of consciousness, recurrent headaches

b) YES NO Impairment of sight, hearing, or speech

c) YES NO Chest pain, shortness of breath, palpitation, swelling of ankles, heart murmur, heart disease, high or low blood pressure

d) YES NO Currently pregnant

e) YES NO Muscle, joint, knee or back pain, bursitis, arthritis, sciatica

f) YES NO Episodes of depression, anxiety, hysteria, nervousness

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

*Participant's under 18:*

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