



**Pro Image & Associates & Teter Family Retreat (PI&A & TFR)  
Confidential Participant Health Information**

**Please Print: Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_ (other) \_\_\_\_\_

**In Case of Emergency, notify:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone(s):** \_\_\_\_\_

**Name of Doctor:** \_\_\_\_\_ **Phone(s):** \_\_\_\_\_

**Health/Accident Insurance Company:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Medical History** - Are you under treatment for **any illness/ condition?** **NO** \_\_\_\_\_ **YES** \_\_\_\_\_

If you have ever undergone surgery, please describe: \_\_\_\_\_

Do you have a **condition requiring regular meds**, (e.g. diabetes, etc.) **NO** \_\_\_\_\_ **YES** \_\_\_\_\_ describe \_\_\_\_\_

Have you been directed to carry an **epi kit?** **NO** \_\_\_\_\_ **YES** \_\_\_\_\_ **Is it with you now?** **NO** \_\_\_\_\_ **YES** \_\_\_\_\_

Do you have any **disabilities?** **NO** \_\_\_\_\_ **YES** \_\_\_\_\_

If you have any **allergies, what are they?** \_\_\_\_\_

If you feel **forced or coerced into participation** in this workshop/training, comment: \_\_\_\_\_

**Describe any injuries** including back, spine, broken bones, dislocations, sprains, soft tissue injury:

LIST injury, year of occurrence and current condition: \_\_\_\_\_

Do you or anyone in your genetic family have any history of **HEART PROBLEMS?** **NO** \_\_\_\_\_ **YES** \_\_\_\_\_

(i.e. high cholesterol, heart murmur. MI. surgery, etc.) describe: \_\_\_\_\_

Do you have any respiratory problems? **NO** \_\_\_\_\_ **YES** \_\_\_\_\_

describe: \_\_\_\_\_

Have you been directed to carry an inhaler or other breathing device? **NO** \_\_\_\_\_ **YES** \_\_\_\_\_

Describe any doctor's limitations on your activities: \_\_\_\_\_

**Note:** Research has demonstrated that *challenge course activities can raise heart and respiration rates in any participant and that persons with heart and respiratory problem histories can be placed at extreme risk.* If this is true for you, consult your physician, and if you are already on site, you may be asked to limit your participation. Are you pregnant? **NO** \_\_\_\_\_ **YES** \_\_\_\_\_

What other factors should we know about you before starting this program?

\_\_\_\_\_

I have answered the above questions accurately and completely. **NO** \_\_\_\_\_ **YES** \_\_\_\_\_

I believe that I (or my son/daughter/ward) am (is) in good health, and I affirm that I (or my son's/daughter's/ward's) participation in PI & A / TFR activities will in no way aggravate any condition(s) present. If in doubt, I will seek and follow medical advice. The staff at PI & A / TFR has my permission to seek and or administer emergency care for the participant in the event that:

- a. my (their) health and well - being is involved; and
- b. I am (or parent/guardian is) unable to respond or cannot be reached at the time of the emergency; and
- c. due to the nature of the emergency, there is insufficient time to **contact** the parent or guardian, **NO** \_\_\_\_\_ **YES** \_\_\_\_\_

**Signature** (Parent or Guardian sign **if participant is under 18**) **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

## APPLICANT INFORMATION FORM AND RELEASE OF LIABILITY

### Disclosure; Appreciation of Risk involving Team-building / Challenge Course Activities and Media Release

Pro Image & Associates (PI & A) / Teter Family Retreat Center (TFR) programs involve a variety of activities that often include warm-ups, games, group initiative problems, low and high challenge course elements and other rigorous physical adventure activities. The level of participation in all programs and activities is at all times completely up to the individual. Yet there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical Injury and disability.

Policy for participation in all PI & A / TFR programs requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it to PI & A / TFR staff prior to participating in any activities.

### CHALLENGE BY CHOICE

Challenge Course and team-building programs are composed of activities that may be very unfamiliar to all participants. To assure our participants control over their own personal safety, we have adopted the philosophy of "Challenge By Choice". At all times, participants in PI & A / TFR activities are completely in control of their own level of participation. During our programs you only need to do or attempt to do only those things that you choose. You must listen carefully to all Instructions and briefings, set your own goals free of the influence of the group's goals, make a decision as to your level of participation and inform others of your choice. No one will force you to do anything; the choice is clearly your own. However, you may perceive pressure to push yourself and we encourage you to tell the group if this happens. During the program, we will provide a challenging setting in which you can expand your limits, while supporting your personal boundaries.

### YOU MUST BE AWARE OF AND ACCEPT RESPONSIBILITY FOR POSSIBLE RISKS IN THIS PROGRAM

I, the undersigned, assume and understand that there are inherent risks of bodily injury and even death or damage to property, that are not the fault of PI & A / TFR that accompany my participation in PI & A / TFR activities. By signing below, I acknowledge that I have fully satisfied myself as to the nature of the activity or activities that I will be participating in, the risks associated with each such activity, and the concept of "Challenge By Choice", and my responsibility to know my own limits.

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 in PI & A / TFR activities. I understand that I am free to choose not to participate in any activity offered by PI & A / TFR. Having chosen to participate in an activity and accepting full responsibility for my own choices, I hereby release PI & A / TFR, its staff members, and any and all other persons employed by Pro Image & Associates / Teter Family Retreat or participating as instructors, facilitators or counselors in these activities, **from any and all liability** for any type and degree of bodily Injury, emotional injury, even death or loss of property. This release is binding upon my heirs, executors and assigns. I further grant PI & A / TFR and persons acting for or through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create. I understand that I will not profit monetarily in any way.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Signature of Parent/Guardian if person is under 18) \_\_\_\_\_

Contact Phone Numbers Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile/Pager: \_\_\_\_\_