



Indoor Experience – Participant Medical Form

PLEASE PRINT

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|----------------------------------|--|---|-----------|------------------------------|--------|---------|
| Name of Group: | | Location: | | | Date: | |
| Name: | | | Address: | | | |
| City: | | State: | Zip: | | Phone: | |
| Email Address: | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Age: | Height: | | Weight: |
| Contact in case of an emergency: | | Relationship: | | Emergency Contact's Phone #: | | |
| Health Insurance Company: | | | Policy #: | | | |

Do you have any special dietary needs? Yes No If yes, explain: _____

Please indicate if you are allergic to any of the following:

Food Yes No If yes, please list foods: _____
 Medications Yes No If yes, please list medications: _____

What medications do you carry for allergic reactions? _____

Are you currently suffering from any illness, injury, physical, medical, or emotional condition that could affect your participation? Yes No If yes, explain: _____

Please list all medications you are currently taking and purpose _____

Medical History

Do you or have you had the following conditions?

- Dizziness, loss of consciousness, recurring headaches Yes No
- Chest pain, shortness of breath, heart disease, high/low blood pressure Yes No
- History of diabetes, hypoglycemia Yes No
- Depression, anxiety, nervousness Yes No
- Hernia, fracture, dislocation, sprain, injury Yes No
- Surgeries Yes No

If you checked yes to any of the above, please explain: _____

Are you currently pregnant? Yes No

*I certify that this form is a complete and accurate statement of my health and that I have listed any conditions that may prevent me from fully participating. I understand that I am solely responsible for providing my own health insurance and for all medical expenses related to my participation in Comp. Edge' programs. In the event of a medical emergency, I grant my permission for any medical care which might become necessary. (*If participant is under 18 years old, the undersigned parent or legal guardian authorizes participation by minor, and acknowledges agreement and acceptance to all terms of this agreement.)*

 Signature of Participant or Parent/Legal Guardian*

 Date



Indoor Experience - Informed Consent and Release Agreement

Participant Name: _____ Group: _____ Program Date: _____

In consideration of the services of Competitive Edge, Inc., their agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "**Comp. Edge**"), I hereby agree to release and discharge **Comp. Edge**, on behalf of myself, my children, parents, heirs, assigns, personal representatives and estate, from any and all liability for injuries or damages I may incur or cause in connection with or arising out of my participation in **Comp. Edge** programming.

Although **Comp. Edge** has taken reasonable steps to provide me with appropriate equipment and skilled staff, I acknowledge that participation in **Comp. Edge** activities presents known and unanticipated risks inherent in indoor team building activities including, but not limited to, environmental risks (some work may be done outside of classroom) and physical activity that may result in property damage, physical injury or death. I acknowledge these risks may include, but are not limited to, hazards of traveling by foot or vehicle to and from the event; physical exertion and stress associated with the activities; collision with the ground, boards, other people, falling or being dropped. Possible injuries and illnesses may include, but are not limited to, bruises, abrasions, loss of consciousness, exhaustion, dehydration, allergy symptoms, loss of wind, splinters and rope burns, cramps or injury to muscles, ligaments, tendons, and joints such as shoulder, rotator cuff, arms, lower back, knees, legs, ankles, broken bones, heart disorders, stroke or paralysis.

I voluntarily consent to participate in **Comp. Edge** programming. I acknowledge and understand that it is my sole responsibility to decline, decrease or cease participation in the event of illness, injury or other medical condition. I understand that the staff may reduce or stop my participation in the best interest of my safety and well being. I understand that it is solely my responsibility to maintain insurance, and to seek and receive medical evaluation and treatment for any symptoms that may arise out of or are related to my participation. I further agree to abide by all laws and **Comp. Edge** policies and procedures.

I understand that photographs and video recordings are often made of **Comp. Edge** events. By signing below, I voluntarily grant to **Comp. Edge**, and its advertisers and agents, the right to record and use my name, image, and statements in any medium for educational or promotional purposes, consistent with the mission of **Comp. Edge**. I agree that all rights to the sound, still or moving images belong to **Comp. Edge**, and I voluntarily hereby waive the right to inspect or approve such images. I understand that these images may be used on the website belonging to **Comp. Edge** and its partners, and in print and broadcast media.

In consideration of all of the notices contained herein, it is my express desire to participate in **Comp. Edge's** programming at my own risk. In consideration of my participation in the activities and use of its facilities and equipment, I hereby voluntarily release, hold harmless, and forever discharge **Comp. Edge** and its officers, agents, employees, volunteers, and successors, on behalf of myself and my successors and assigns, from any and all liability for injuries or damages I may incur or cause in connection with or arising out of my participation in **Comp. Edge** programming. By signing below, I acknowledge that I have read and understand this document in its entirety and hereby voluntarily consent to all of its provisions. I understand that I may be giving up legal rights and/or remedies to which I may otherwise be entitled. I understand and agree that this agreement will be construed and governed by North Carolina law and any dispute hereunder shall be resolved in a court of competent jurisdiction in North Carolina. I certify that I am at least 18 years of age, or if participant is a minor, that I am his/her parent or legal guardian, and that I authorize participation by the minor, and I acknowledge agreement and acceptance to all terms of this agreement.

Signature of Participant or Parent/Legal Guardian

Date

Print Parent/Legal Guardian Name, if applicable