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## Ropes Course Participation

Student: \_\_\_\_\_

Classroom: \_\_\_\_\_

In the event of an apparent or real emergency in which medical treatment or hospitalization of my child may be necessary, after effort to contact me at the telephone number below, the undersigned parent or guardian does hereby authorize and appoint Redmond School District 2J, through its agents, to obtain any medical treatment or hospitalization of the above named child as they believe necessary and proper for the immediate care and welfare of said child. I do further authorize and direct any medical doctor or hospital to render any and all treatment believed necessary and proper for the immediate care and welfare of the above named child and the undersigned agrees to pay for such medical treatment and expenses incurred on behalf of said child and shall hold Redmond School District 2J harmless from any and all liability, claims, judgments, and costs incurred in or as a result of any such medical treatment or hospitalization.

I do hereby give my permission for the above named student to participate in the Ropes Course activities.

Medical Insurance Company: \_\_\_\_\_

Insurance ID/Group No.: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Doctor Phone Number; \_\_\_\_\_

Alternate Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Date: \_\_\_\_\_

Leading for **Success** in the 21<sup>st</sup> Century

## **Team & Personal Development Course Participant Information & Release of Liability**

### **Disclosure**

Team and Personal Development Course programs involve a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, and other rigorous physical adventure activities. The level of participation in an activity is at all times completely voluntary and up to the individual's choice. Yet there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury or disability.

The policy for participation in all Team & Personal Development Course 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.

### **Release of Liability**

I understand that parts of the Team & Personal Development Course program may be physically/emotionally demanding. I affirm that my health or my child's health is good and that I/my child is not under a physician's care for any undisclosed condition that bears upon my/my child's fitness to participate in activities. I understand that the level of participation in activities is at all times completely voluntary and up to the individual's choice. Also, I recognize the inherent risk of injury or disability in Team & Personal Development course activities and understand that each participant and/or parent or guardian must assume the risk of injury that could result from any of the activities. I release Redmond School District 2J and its staff members, principals, and Board from all liability for any injury to me or my child from participation in Team & Personal Development Course activities.

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

Participant's Signature: \_\_\_\_\_

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

**Medical Coverage & History**

This information will be read by your Team & Personal Development Course facilitators only and kept in strict confidence. (If participating as an employee from an organization, you may ensure confidentiality by returning this form prior to the program in a sealed envelope with your name on the outside.) Redmond School District does not provide student health or accident insurance.

1. Do you have health/accident insurance? (Circle one.) Yes No

Name of Company: \_\_\_\_\_

2. Please check if you have or have had any problems with the following:

- 1. Problem with hearing; require hearing aid.
- 2. Dizzy spells, fainting, convulsions.
- 3. Shortness of breath, asthma on exertion.
- 4. Chronic pain in neck, back, shoulders, arms or legs.
- 5. Broken bones, joint dislocations, serious sprains, weakness of muscles.
- 6. History of diabetes, thyroid trouble, bleeding problems
- 7. Hypoglycemia.

If you marked any of the above, please list details below according to item number. Please be specific: include item #, dates, names of medications, history of condition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other conditions that might affect your safe participation in this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you allergic to any of the following?

- Medications – i.e. penicillin, aspirin, sulfa, etc. \_\_\_\_\_
- Insect Bites – i.e. bee stings, etc. \_\_\_\_\_
- Other – i.e. materials, etc. \_\_\_\_\_

If so, what is the reaction? \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_