



WESTERN  
ILLINOIS  
UNIVERSITY

# Horn Field Campus

## Informed Consent and Medical Release

*Please bring this form with you and give it to the facilitator.*

*Completion of the form does not mandate participation.*

**Informed Consent:** The undersigned acknowledges that the activities at Horn Field Campus, to include the Challenge Course, will necessarily involve participation in exercises which are, by their nature, physically demanding and will subject the applicant to stress, anxiety, and possible hazards, not all of which can be foreseen. The undersigned is aware and understands that all of the program activities are strictly voluntary and it is the undersigned's choice to participate in each activity to what ever degree he or she deems appropriate after due consideration of their personal physical and emotional well-being. It is fully understood that the applicant will be climbing and walking on cables, logs, ladders, walls and beams; at times, thirty feet above the ground. Reasonable precautions will be taken to protect the undersigned.

The undersigned assumes all of the ordinary risks normally incidental to the nature of the program, including risks which are not specifically foreseeable. The undersigned hereby releases any and all rights or claims for damages against Western Illinois University, it's governing board, faculty, agents, WIU Foundation. and all individuals assisting in facilitating and conducting these activities, from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which the participant may have or which may hereafter accrue to participant, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death.

The undersigned assumes all responsibility for any activities s/he elects to participate in separate from regularly scheduled programs.

**Publicity Release:** The undersigned authorize and give full consent to the Horn Field Campus to copy-right and/or publish all photographs and videos in which he or she may appear while participating in any and all of their programs. The undersigned further agrees that Horn Field Campus may transfer, use or cause to be used, these photographs for any and all exhibitions, public displays, publications, commercials, art and advertising purposes without limitation or reservation or any compensation other than that receipt of which is hereby acknowledged.

### Medical Check:

**I affirm that I do not have any medical and/or activity restrictions that would adversely impact my participation in this activity.**

#### MEDICAL INFORMATION

Allergies \_\_\_\_\_

Injuries: \_\_\_\_\_

I require the use of an Epi-pen:

Yes No

Did you bring it today?

Yes No

I require the use of an inhaler:

Yes No

Did you bring it today?

Yes No

Any other medical information we should be aware of: (ex. diabetes, seizures, back problems, pregnancy, etc...)

**Release to Secure Medical Treatment:** In the event of an emergency, I do hereby authorize any x-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist and any hospital service that might be rendered under the general, specific, or special consent of the Horn Field Campus staff.

Participant Name (please print) \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

Participant Signature \_\_\_\_\_ Witness \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone \_\_\_\_\_

Parent or guardian (if applicant is under 18 years of age) \_\_\_\_\_