



Changing Courses

INFORMED CONSENT AND LIABILITY RELEASE

(Please fill out both sides of form)

I, _____, hereby acknowledge and agree with ETMC Behavioral Health, that:

1. I have expressed a desire to participate in the *Changing Courses Challenge Course Program* coordinated by *ETMC Tyler* which is designed to encourage group involvement and personal growth.
2. My participation in the program is entirely voluntary.
3. I further acknowledge and understand that during my participation in the program, I will be faced with a series of physically challenging obstacles which will require cooperation between me and the other participants. I also understand and acknowledge that those obstacles may pose risks to me because of the nature of the obstacles.
4. I, my heirs, beneficiaries and executors do hereby release, discharge and hold harmless, *ETMC Tyler*, its successors, affiliates, officers, directors, agents, shareholders, partners, and employees from any and all claims, demands, actions or causes of action arising on account of any injury, including death, that I may suffer or incur as a result of my participation in the program.
5. Nothing herein shall serve to release or in any way affect adversely any claim by me, my heirs, my beneficiaries, executors or administrators against any insurance company under any group or individual life insurance, health or hospitalization insurance, accidental death and dismemberment coverage, major medical coverage or disability insurance.

Participant

Date

Parent or Guardian

Witness

Medical Statement

Name of group or organization: _____ Date: _____

I. General Information

Participant name: _____ Age (if minor) _____

Emergency contact: _____ #: _____

Physician: _____

II. Health Information

Are you in good physical health? If no please explain any current or persistent medical problems. _____

III. Please check any of the following that pertain to you.

_____ Asthma or wheezing with exercise

_____ Epilepsy, seizures, convulsions

_____ Back or knee problems

_____ Diabetes

_____ History of heart disease or heart attack

_____ Other _____

The information provided about my medical history is accurate to the best of my knowledge.

Participant

Date

Parent or Guardian

Witness