Participant Guide

Please go through the following checklist to make sure you are fully prepared for your challenge course experience.

**Be sure to:**

1. Eat a healthy breakfast or lunch before arriving at your program. You will need all the **energy** you can get!
2. If you are attending a full day course, please bring lunch or make sure there will be food provided for you by your group. *(WE DO NOT PROVIDE FOOD)*
3. Check the weather on the day of your course, and prepare accordingly

### WHAT TO BRING:

**Necessary Items:**
- Eagle ID
- Appropriate athletic attire
- Comfortable, loose-fitting clothing is best.
- Close-toed athletic shoes
- Inhaler/EPI Pen (if necessary)

**Please bring with you:**
- Sun Screen
- Bug Repellant
- Water Bottle
- Hat/Sunglasses

**Optional Items:**
- Camera
- Snacks
- Rain Jacket (check weather)

### WHAT NOT TO BRING:

**Unacceptable Items:**
- Shirts with offensive messages
- Short Shorts as it is not comfortable while wearing a harness
- **Open toed shoes, flip flops, five finger shoes, crocs, and boat shoes are not allowed on the course.**
- Dangling Jewelry
- Gum
- Tobacco and Alcohol products

**Not Necessary Items:** *(leave these at home, in your room, or in the car if you can)*
- MP3 players
- Cell phones
- Wallets/Purses
- Valuables

If you have any question regarding this list or your day at the challenge course, please feel free to call us at Basecamp at 239-590-1870 or come and visit us in the waterfront building. We love visitors!!!!

*Thank you for your involvement in our program and we look forward to see you on your program day!!*
Driving Directions to the Eagle Challenge Course

From Florida Gulf Coast University:
1. Head North on Ben Hill Griffin Pkwy
2. Turn left onto Alico Rd.
3. Merge onto I-75 N via the ramp to Tampa.
4. Take exit 138, right on Dr. Martin Luther King Blvd/FL-82 E.
5. Turn left onto Buckingham Rd.
6. Follow for a few miles and the FGCU Buckingham Center will be on your left.

FGCU Buckingham Center
5820 Buckingham Rd.
Ft. Myers, FL 33905

If you are having issues finding the location
Please contact your facilitator:
______________________________
At _____-______-_________

Please be ready to describe where you are.

Thank you,
Eagle Challenge Course Staff
Eagle Challenge Course Program Confidential Medical Information Form

Please fill out every item below as accurately and truthfully as possible. Provide details for any significant conditions, injuries and/or illness that may affect your ability to participate in the Eagle Challenge Course Program. This form is the property of FGCU Campus Recreation and will remain as a confidential record to the fullest extent permitted by law. Only the instructors and medical personnel have access to this information.

Group or Company: _____________________________  Date of Program: ________________
Name: _______________________________  Phone: _____________________________
Address: _______________________________  City, State, Zip: ______________________
Age: __________  Date of Birth: M /D /Y

In case of Emergency, please contact:
Name: _______________________________  Relationship to you: ______________________
Home Phone: _________________________  Work Phone: _________________________

The Eagle Challenge Course Program does not provide medical insurance for participants. If available, please provide the following medical and insurance information.

Doctor: _______________________________  Phone: _____________________________
Address: _______________________________  City, State, Zip: ______________________
Insurance Provider: _________________________  Policy #: _______________________
Insurance Co. Phone #: _________________________

Physical fitness and health information – for program design and in case of emergency.

Is your ability to sit, stand, or walk, limited in any way?  Yes / No

If Yes, please describe briefly:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

If we do an activity that involves lifting, climbing, or jogging, how likely are you to choose to participate?
Definitely___  Probably___  Maybe___  Probably Not___  Definitely Not___

Are you currently taking any medications that may limit your ability to fully participate in the program?
Yes / No

If Yes, please identify the medication and describe in detail how this medication may affect your participation:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Are you pregnant? Yes / No If Yes, is this public knowledge? Yes / No

If Yes, how far along will you be on the date of the program? ____________________

Have you experienced any of the following medical conditions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes / No</th>
<th>If Yes, do you carry an Epi Pen?</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergic to bees or wasps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
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<tr>
<td>Diabetes</td>
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<td></td>
<td></td>
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<tr>
<td>Neck/Back Problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>Yes / No</td>
<td>If Yes, do you carry an inhaler?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Yes / No</td>
<td>If Yes, what is your current treatment?</td>
<td>__________________</td>
</tr>
<tr>
<td>Neck/Back Problems</td>
<td>Yes / No</td>
<td>If Yes, please describe:</td>
<td></td>
</tr>
</tbody>
</table>

Have you experienced any of the following medical conditions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epilepsy/Seizures***</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Heart Conditions***</td>
<td>Yes / No</td>
</tr>
<tr>
<td>High Blood Pressure***</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

*** If you answered yes to any of these conditions, and are planning to go up into our High Ropes Course or Power Pole, we strongly recommend you consult your physician prior to participating.

Any additional comments or concerns about your day at the Challenge Program?
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

_____________________________________________ ________________________ ______________
Participants Signature Print Name Date

FOR PARTICIPANTS OF MINOR AGE

Parent/Guardian Authorizations: This medical information is correct and completed as far as I know, and the person herein described has permission to engage in all Challenge Course programs except as noted.

_____________________________________________ ________________________ ______________
Parent/Guardian Signature Print Parent/Guardian Name Date

For office use only:

Interviewed by: __________________________ Date: __________________
Comments: __________________________
Eagle Challenge Course Release and Assumption of Risk

Participant Name ____________________________________________

Date of Program ____________________________

Organization/Group ____________________________________________

In consideration of the privilege granted to me for participation on or use of the Eagle Challenge Course
operated by Florida Gulf Coast University Board of Trustees (“FGCU”)

I, _________________________________________, a student (or parent/guardian, if Student is a minor), faculty, staff
member of Florida Gulf Coast University, or Guest on the property, (hereinafter “Participant”) do hereby
release, hold harmless and indemnify FGCU, its Officers, as well as its agents, faculty and employees from and
against any and all liability, claims, charges, demands, expenses, fees, fines, penalties, losses, suits, proceedings,
actions and costs thereof (including attorneys’ fees and court costs for all actions and appeals therefrom), for
judgments, injuries, including those resulting in death, damages or liabilities, in law or in equity, of any kind and
nature, resulting from or arising out of my participation on or use of the Eagle Challenge Course.

I understand that my participation on or use of the Eagle Challenge Course is inherently risky and is physically
challenging and I choose to assume those risks. I also recognize that my participation on or use of the Eagle
Challenge Course may result in physical injury and may include but not be limited to death and I willfully assume
those risks. I assume full responsibility during and after my participation on or use of the Eagle Challenge Course
to release FGCU from liability.

THIS GENERAL RELEASE AND WAIVER OF LIABILITY IS ALSO BINDING ON THE STUDENT’S AND OR THEIR PARENTS’/LEGAL
GUARDIAN’S PERSONAL REPRESENTATIVES, HEIRS, AND ASSIGNS.

I FURTHER ACKNOWLEDGE THAT I AM EITHER OVER THE AGE OF 18 OR THIS RELEASE IS BEING ENTERED INTO BY MY
PARENT OR LEGAL GUARDIAN.

Participant Signature ____________________________ Date ____________

Parent or Guardian Signature ____________________________ Date ____________

(If participant is under the age of 18)