



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 the 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 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!!

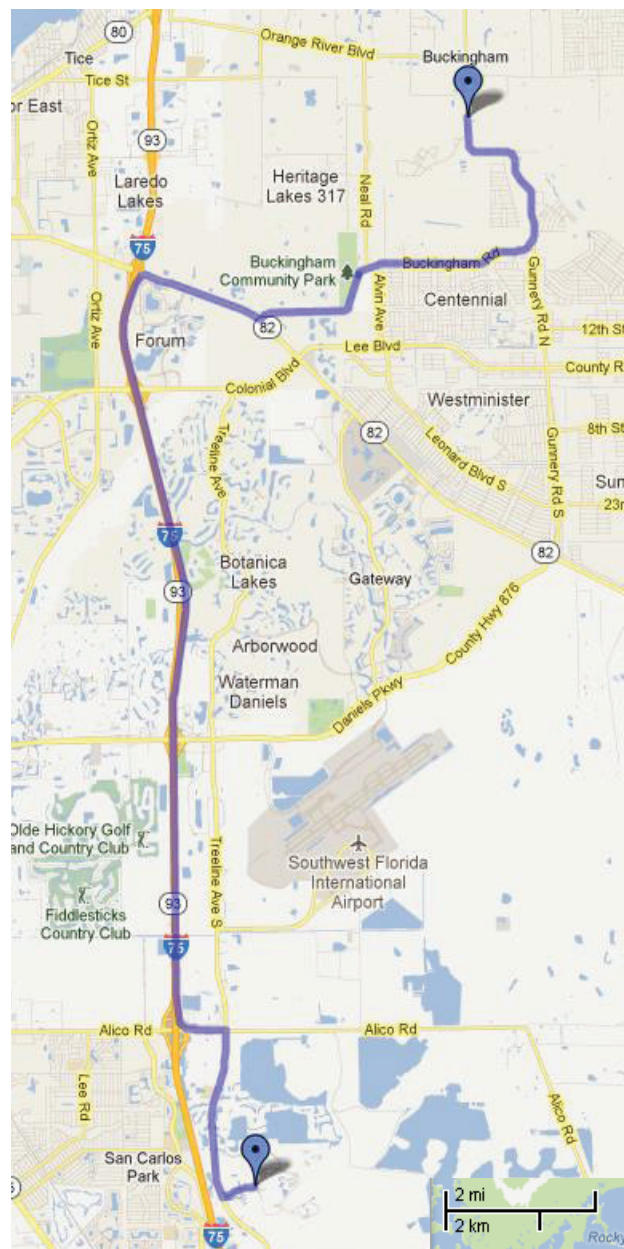


Driving Directions to the Eagle Challenge Course

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?

Allergic to bees or wasps	Yes / No	If Yes, do you carry an Epi Pen?	Yes / No
Asthma	Yes / No	If Yes, do you carry an inhaler?	Yes / No
Diabetes	Yes / No	If Yes, what is your current treatment?	_____
Neck/Back Problems	Yes / No	If Yes, please describe:	

Have you experienced any of the following medical conditions?

Epilepsy/Seizures***	Yes / No
Heart Conditions***	Yes / No
High Blood Pressure***	Yes / No

*** 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.
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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)