

# **TLC Liability Release**

## **Assumption of Responsibilities and Risks**

### **What are Risks?**

The Team Leadership Center facilitators are skilled and experienced and will make every effort to minimize exposure to known risks associated with the activities. However, they cannot guarantee total protection from all risks. Different program components carry different levels of potential risks, which are not just limited to losses of a physical nature. The risks may be social or emotional in nature, as well. Although injuries can and do occur in adventure education programs, it has been determined that participants in an adventure program have less injuries than do participants in school sports, recreation or physical education programs.

### **What are my Responsibilities?**

Safety begins with you. For this to happen you must learn and follow all safety rules and your leader's instructions. You must use common sense and a questioning attitude and make your facilitators aware at any point during an activity in which you question your knowledge of the safety rules or your ability to participate.

My signature below indicates that:

I \_\_\_\_\_ have read all the information presented in the above paragraph and understand and agree to accept the risks and responsibilities associated with participating in the Team Leadership Center program.

I understand that some of the program components may involve strenuous physical activity, that participation in any activity is voluntary and that I am physically able to participate in any activity in which I choose to do so.

I have provided complete, up-to-date, accurate health information for the Team Leadership Center and I will notify the Team Leadership Center facilitator regarding any changes in my health or fitness during the program. In the unlikely event of an illness or injury, I give my consent to the Team Leadership Center to administer first aid and to secure professional medical services as needed.

Furthermore, I hereby personally assume all risks in connection with said activity and I further release the Team Leadership Center, Inc., their officers, directors, employees, agents and volunteers for any injury or damage which I may suffer while I undertake the above referenced activity, including all risks connected therewith, whether foreseen or unforeseen, which may result in injury, death, or other damages to me or my family, heirs, or assigns; and, further, I agree to save and hold harmless the Team Leadership Center, Inc., their officers, directors, employees and agents from any claim by me or my family, estate, heirs or assigns, arising out of my enrollment and participation in the above mentioned activity. In addition, I give my consent to the Team Leadership Center, Inc. to use any photographs that are taken during said program for marketing and advertising.

\_\_\_\_\_  
Signature of Participant 18 or older OR guardian

\_\_\_\_\_  
Date

**Team Leadership Center, Inc.**  
**Participant Health Form**

The information that is being requested will provide you with the proper care while at the Team Leadership Center.

All information will remain confidential

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_  
\_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Medications currently taken \_\_\_\_\_

Do you currently have any of the following medical conditions? Check if yes

Pregnancy \_\_\_\_\_ Heart Condition \_\_\_\_\_ Diabetes \_\_\_\_\_

Asthma \_\_\_\_\_ Current Sprains \_\_\_\_\_ Current Breaks \_\_\_\_\_

Other \_\_\_\_\_

Explain briefly any conditions that are checked (except pregnancy):

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

Any other medical conditions which may affect your participation in any physical activity?

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

Your signature indicates that the information provided is accurate and current.

\_\_\_\_\_