



Adventure Leadership Team

Greetings!

We are so excited to have you participate in the University of Michigan Adventure Leadership Team!

Before you spend the day with us, there are a few things that you and your group should know prior to arriving:

What is the Adventure Leadership Team?

The Adventure Leadership Team is an activity based teambuilding and leadership development program. We use activities as our medium to explore and improve group dynamics. Your group will be presented with a series of fun and challenging activities as the day progresses and we will use these experiences as a springboard for discussion.

Where is the Adventure Leadership Team?

1120 N. Dixboro Road between Geddes Road and Plymouth Road, just south of the Matthaei Botanical Gardens. Our property is one of the University of Michigan's hidden treasures.

What to expect?

At the Adventure Leadership Team you can expect to get to know your group members on a deeper level, learn new aspects of leadership, team development, and group interaction, and to have some fun!

Additional Information:

We are a rain or shine program, so please watch the weather and come dressed appropriately.

We also follow our Challenge by Choice philosophy, which means that each participant is in control of their own level of participation... but you are at the Adventure Leadership Team so we encourage participants to stretch their comfort zones while still being safe and secure.

We look forward to having you participate in the Adventure Leadership Team.

All the best-

John Swerdlow
Adventure Leadership Team Sr, Director

Release of Liability Form

University of Michigan Adventure Leadership Team

The University of Michigan's Adventure Leadership Team is an exciting learning opportunity, but can also be personally challenging. Therefore, before participating in the program it is important that you read the attached letter from the Director and understand and agree to abide by the Adventure Leadership Team's goals and standards.

Although the Adventure Leadership Team has taken precautions to provide the proper organization, supervision, instruction, and equipment for each program, it is impossible to guarantee absolute safety. While it is the aim of the program and the facilitators to provide you with an enjoyable, educational and safe experience, you must realize that there is a degree of risk and personal responsibility for safety when you participate in the Adventure Leadership Team.

By consenting to participation in the Adventure Leadership Team you assume responsibility for your own safety and needs during the program and for all risks, including the possibility of bruises and more serious injuries. Signing this form indicates that you understand your responsibilities and that you release the University of Michigan, the Adventure Leadership Team, Milwaukee Tool Corporation and *electrical training ALLIANCE* and its employees and agents from all claims and liabilities for injury or damage arising from your participation in the Adventure Leadership Team, unless those claims arise as a direct result of gross negligence or willful misconduct.

Please confirm with your signature that:

- you have read this release form and the attached letter from the Director
- you understand your responsibilities as a participant, and will use good judgment
- you assume all risks incidental to this program
- you have provided us with all medical information requested on the reverse side
- you agree to follow instructions and directions given by your instructors
- you authorize the use of any photographs or videotape in which you appear while participating in the program

Signature

Date

Name (Please Print)

Signature of Parent or Guardian (if under 18 years old)

Date

Name of Group or Organization

Scheduled Date of Program

Authorization for Emergency Medical Care

Should an accident or emergency occur, I hereby give permission to the physician selected by the University of Michigan Adventure Leadership Team staff to hospitalize and/or secure proper medical treatment for my child, except as noted below. I agree to hold only myself liable for these noted exceptions.

Exceptions for treatment/hospitalization (continue on the reverse if needed):

Signature of Parent or Guardian (if under 18 years old)

Date

Name (Please Print)

Student - Liability/Medical Authorization

University of Michigan Adventure Leadership Team Physical/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 Adventure Leadership Team. This form is the property of the Adventure Leadership Team 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.

Name: _____ Date of Program: _____

Address: _____ Phone: (____) _____

Age Group: ___ over 60 ___ 40-59 ___ 26-39 ___ 18-25 ___ under 18 (if so, please add birthdate ___/___/___)

In case of Emergency, please contact:

Name: _____ Relationship to you: _____

Home Phone: _____ Work Phone: (____) _____

Doctor's Name: _____ Doctor's Phone: (____) _____

The Adventure Leadership Team does not provide medical insurance for participants. If available, please provide the following medical and insurance information.

Is the participant covered by medical insurance? YES / NO

Medical Insurance Company/Policy Number: _____

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 ___

⇒ What medications are you taking? _____

⇒ 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 Adventure or Team Tower, please consult your physician prior to participating.**

⇒ Any additional comments or concerns about your day at the Adventure Leadership Team?
