



CHAMPS
THE CENTER FOR BEHAVIORAL MEDICINE
 500 Gypsy Lane
 Youngstown, Ohio 44501
 330-884-3615

APPLICANT INFORMATION FORM AND RELEASE OF LIABILITY
This form cannot be altered

Disclosure:

CHAMPS programs involve a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, and other rigorous physical adventure activities. (The level of participation in a CHAMPS program activity is at all times completely up to the individual's choice). Yet, there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury and disability.

Policy for participation in all CHAMPS programs requires that every participant supply CHAMPS facilitators with health/medical information, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it to a CHAMPS leader prior to participating in any activities.

Applicant Information:

Dates of Workshop: _____

1. Name: _____
2. Do you have health/accident insurance? No Yes
 If yes, name and address of company: _____
3. Do you have any limiting physical disabilities or handicaps (temporary or permanent)? No Yes
 If yes, identify and explain: *(Pregnant participants are not permitted on the course)*

4. Are you currently taking medication (prescribed or otherwise, e.g., cold medicine)? No Yes
 If yes, state what you are taking, and what condition it is for:

5. Do you have allergies, reactions to medications, any other medical limitations? No Yes
 If yes, identify and explain:

(over)



BACK SECTION MUST BE COMPLETED AND SIGNED BY A LEGAL GUARDIAN OF PARTICIPANTS UNDER THE AGE OF 18 YEARS OR BY PARTICIPANTS 18 YEARS OF AGE AND OLDER

RELEASE OF LIABILITY:

I understand that parts of the CHAMPS program may be physically or emotionally demanding. I affirm that my/my child's health is good, and that I/he/she is not under a physician's care for any undisclosed condition that bears upon my fitness to participate in CHAMPS activities. I recognize the inherent risk of injury or disability in CHAMPS activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release CHAMPS and its staff members, and Forum Health, Western Reserve Care System and their Boards of Trustees from all liability for any injury to me/my child from participation in CHAMPS activities.

Participant's Address: _____

City, State, Zip: _____

Home Telephone #: _____ Business #: _____



****Participant's Signature (if at least 18 yrs. old):** _____



****Parent/Guardian's Signature (if under 18 yrs. old):** _____

Date: _____

IN ORDER TO PARTICIPATE, THIS FORM MUST BE FILLED OUT COMPLETELY, INCLUDING PARTICIPANT OR PARENT/GUARDIAN SIGNATURE, AND TURNED IN PRIOR TO THE EVENT.

PHOTO/MEDIA RELEASE:

I, _____, grant to CHAMPS and persons acting for or through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself, for use in materials they may create.

Date: _____ Signature: _____

