



Participant Welcome Letter

Dear **Team QUEST** Participant,

UNCG Team QUEST would like to introduce ourselves to help prepare you for your time with us. Our mission is to provide our clients with exemplary experiences that empower people towards positive change through *transferable skills* and *sustainable processes* that improve communication, relationships, and performance. We offer training focused on leadership and group development that is active and participant-centered.

We have worked with thousands of people to explore what makes a group effective using an interactive training approach. What you can expect from us are professionally facilitated discussions and activities allowing you to learn more about yourself and those with whom you work.

In preparation for your training, **Team QUEST** has carefully selected activities that are appropriate for your group. We need your help to make your experience a safe and enjoyable one. Thus, we embrace a training philosophy of *Choice*. While it may be required that you attend this training, you will determine your level of participation. Please make great decisions about how you participate during the program.

Prior to your participation, complete the following two (2) forms. The "**Participant Medical Form**" is confidential and helps us select appropriate activities. Please indicate any thing that may affect your participation and that would be helpful for us to know. The "**Informed Consent & Release Agreement**" form is designed to protect you and the **Team QUEST** program while informing you of potential hazards associated with being in an outdoor environment. Our safety record is exceptional; in fact, you are at greater risk of injury driving to us than being with us. Please drive carefully. Both forms need to be signed and unaltered for your participation. Please submit these two (2) forms to your group's contact person prior no less than two (2) weeks prior to your program date. **Lastly, please note that arrangements should be made to minimize use of cell phones and other electronic devices during your Team QUEST program.**

We look forward to meeting you soon. If you have questions, please contact us at (336) 334-4855 or refer to our website for frequently asked questions and more information: <http://campusrec.uncg.edu/teamquest/>.

Sincerely,

UNCG Team QUEST Staff

Enclosures:

- 1) "**Participant Medical Form**" – complete, sign, and provide to your group's contact person.
- 2) "**Informed Consent and Release Agreement**" – complete, sign, and provide to your group's contact person.
- 3) "How to Prepare for your Team QUEST Experience" for your reference.

Team QUEST

412 Student Recreation Center, PO Box 26170
Greensboro, NC 27402-6170

(336) 334-4968 • Fax (336) 334-4017 • <http://campusrec.uncg.edu/teamquest/> • tquest@uncg.edu





Medical Form

UNCG collects this medical information to be aware of any potential medical conditions that may arise during your participation in **Team QUEST** and to facilitate efficient medical attention, as necessary. The information on this form is strictly confidential and may be protected by The Federal Educational Rights and Privacy Act if participant is an enrolled UNCG student. This information will be shared only in the event of a medical emergency.

Name of Group: Lloyd International Honors College		Name:		Date:	
Current Address:					
City:		State:	Zip:	Phone:	
Email Address:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Height:	Weight: <small>(250 lb Climbing Maximum)</small>
Do you have health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Contact in case of an emergency:		Relationship:		Emergency Contact's Phone #:	

If you have a disability, you may self-report to the Director of **Team QUEST** at (334-4968) and request a reasonable accommodation to participate. Please make a request at least two (2) weeks before the program.

Please bring all medications with you in case you need them.

1. **Medical History:** Do you **have or have you had** any of the following conditions: Please provide any information that may be helpful to EMT if condition(s) present during a Team QUEST program.

- a. Chest pains or heart concerns YES NO If yes, please describe _____
- b. Dizziness or fainting YES NO If yes, please describe _____
- c. Fracture or dislocation (current) YES NO If yes, please describe _____
- d. Are you currently pregnant? YES NO If yes, please describe _____
- e. Asthma YES NO If yes, please describe _____
- f. Seizures YES NO If yes, please describe _____
- g. Diabetes or elevated blood sugar YES NO If yes, please describe _____

Please indicate if you are allergic to any of the following:

- e. Bee Sting YES NO If yes, how do you react? _____
- f. Food YES NO Please list foods: _____
- g. Poison Ivy YES NO If yes, how do you react? _____
- h. Medications YES NO Please list medications: _____
- i. Other: _____ How do you react? _____

j. What medication do you carry for allergic reactions? _____

k. Will these or any other physical, mental, or emotional problems and/or concerns, temporary or permanent, diagnosed or not, affect your participation? YES NO **If yes, please identify and explain:** _____

2. **I am aware there is a 250 pound weight limit on certain challenge course elements that could prevent me from climbing if I exceed this weight limit. (Please initial)** _____

3. **Any information listed above will not pose any barrier to my participation in the program. (Please initial)** _____

I certify that the information on this form is complete and accurate. I authorize The University of North Carolina at Greensboro (UNCG) to obtain or provide emergency medical care. I understand that I am solely responsible for providing my own health insurance and for all medical expenses related to my participation in **Team QUEST** programs. ***If participant is less than 18 years old, the undersigned parent or legal guardian authorizes participation by minor, and acknowledges acceptance of all terms of this agreement.**

Signature of Participant

Signature of Parent/Legal Guardian (if under 18)

Print Participant Name

Print Parent/Legal Guardian Name

Return this completed, signed form to your group's contact person.





**TEAM
QUEST**
Growth through experience

Informed Consent

Participant Name: _____ Group: _____ Program Date: _____

I voluntarily consent to participate in **Team QUEST** programming. I acknowledge and understand that it is my sole responsibility to decline, decrease or cease participation in the event of illness, injury or other medical condition. I understand that the staff may reduce or stop my participation in the best interest of my safety and wellbeing. I understand that it is solely my responsibility to maintain insurance, and to seek and receive medical evaluation and treatment for any symptoms that may arise out of or are related to my participation. I understand that the staff cannot dispense medication or provide medical care, except for basic first aid. I represent that I am capable of participating without causing harm to myself or others. I acknowledge and understand that UNCG is self-insured and will not provide insurance. I further agree to abide by all laws, UNCG and Campus Recreation policies and procedures.

Although **Team QUEST** has taken reasonable steps to provide me with appropriate equipment and skilled staff, I acknowledge that participation in **Team QUEST** activities presents known and unanticipated risks inherent in outdoor activities including, but not limited to, environmental risks and physical activity that may result in property damage, physical injury or death. I acknowledge these risks may include, but are not limited to, hazards of traveling by foot or vehicle to and from the event; physical exertion and stress associated with the activities; falling tree limbs or other objects, collision with the ground, boards, other people, trees, and other objects in the vicinity of the event; tripping, falling from a height of up to 40 feet (high challenge course only) or being dropped; drowning; injuries inflicted by animals, insects, or plants; adverse weather conditions that may change without notice including, but not limited to, lightning, rain, hail, high wind, and other weather conditions. Possible injuries and illnesses may include, but are not limited to, bruises, abrasions, loss of consciousness, hypothermia, frostbite, sunburn, heatstroke or exhaustion, dehydration, allergy symptoms, loss of wind, splinters and rope burns, cramps or injury to muscles, ligaments, tendons, and joints such as shoulder, rotator cuff, arms, lower back, knees, legs, ankles, broken bones, heart disorders, stroke or paralysis.

By signing below, I voluntarily and irrevocably grant to UNCG, its advertisers, customers, agents, successors and assigns, unrestricted rights to record and use my name, image, voice, statements and writings in any medium for educational, promotional, advertising or other purposes without limitation, consistent with the UNCG mission. I agree that all rights to the sound, still or moving images belong to UNCG, and I voluntarily hereby waive the right to inspect or approve such images. If I am an enrolled UNCG student, I understand that this release constitutes a waiver of my privacy rights under the Federal Educational Rights and Privacy Act.

In consideration of all of the notices contained herein, it is my express desire to participate in **Team QUEST** programming at my own risk. In consideration of my participation in the activities and use of its facilities and equipment, I hereby voluntarily release, hold harmless, indemnify and forever discharge UNCG and its trustees, officers, agents, employees, representatives, executors, and successors of all of the above, on behalf of myself and my successors and assigns, from any and all liability for injuries or damages I may incur or cause in connection with or arising out of my participation in **Team QUEST** programming. By signing below, I acknowledge that I have read and understand this document in its entirety and hereby voluntarily consent to all of its provisions. I certify that I have read and understand this document and agree to be bound by its terms. I fully understand that I may be giving up legal rights and/or remedies to which I may otherwise be entitled. I understand and agree that this agreement will be construed and governed by North Carolina law and any dispute hereunder shall be resolved in a court of competent jurisdiction in Guilford County, North Carolina. I certify that I am at least 18 years of age. If participant is a minor, his/her parent or legal guardian authorizes participation by minor, and acknowledges agreement and acceptance to all terms of this agreement.

If you have any further questions concerning this document, please contact **Team QUEST** at 334-4968 or tquest@uncg.edu.

Signature of Participant

Signature of Parent/Legal Guardian (if under 18)

Print Participant Name

Print Parent/Legal Guardian Name

Return this completed, signed form to your group's contact person.
(Department to retain signed originals in its files for at least seven years after activity)





Preparing for your Team QUEST Experience

During Warm Weather:

- Synthetic or Cotton shirt
- Loose fitting pants or shorts
- Tennis Shoes or Hiking Boots
- **NO open-toed shoes or sandals**

During Cold Weather:

- Hat
- Gloves
- Long Pants
- Windbreaker/waterproof layer
- Extra warm layers
- Tennis Shoes or Hiking Boots
- **NO open-toed shoes or sandals**

Other Items to Bring:

- UNCG STUDENTS – you must bring your Spartan Card with you to the program
- Bag lunch if your group is not providing lunch.
- Reusable water bottle (we will also provide bottled water)
- Optional: Extra clothes, day pack, rainwear, camera
- Please do not bring personal climbing gear.

Please Know:

Our programs run rain or shine!

- We do have the ability to use indoor spaces, but check the weather to prepare properly for the day
- In adverse weather conditions, Team QUEST will make the final decision on the cancellation of programs.

****Remember to turn in your completed forms to your group's contact person!****

Thank you for choosing Team QUEST! We look forward to seeing you soon!

