

**Tucker Leadership Lab**  
**Participant Information Form & Release of Liability**

**DISCLOSURE**

*Tucker Leadership Lab (TLL) program involves a variety of activities that often include warm-ups, games, group initiative problems, high and low challenge ropes course elements, and other rigorous physical activities. Although the level of participation in the TLL program activity is at all times completely up to the individual's choice, there is a risk of physical injury which must be assumed by each participant.*

*TLL policy for participation in all programs requires that every participant provide certain health/medical information to the instructors conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Participants must complete the form and return it to TLL prior to participating in any activities.*

**PARTICIPANT INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex M F  
Organization/School \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Current High School Student? YES NO Expected H.S. Graduation Year? \_\_\_\_\_

Please check if you do not wish to have your contact information shared with the William Jewell College Office of Admission.

**RELEASE OF LIABILITY**

*The undersigned understands that parts of the TLL program may be physically, mentally or emotionally demanding. The undersigned affirms that the participant's health is good, and that the participant is not under a physician's care for any undisclosed condition that bears upon his or her fitness to participate in TLL activities. The undersigned understands that each participant must assume the risk of injury that could result from any of these activities. The undersigned releases TLL, William Jewell College, its employees, agents, and representatives, officers and its Board of Trustees and invitees from any and all liability, claims or causes of action for loss of or damage to property or any injury to the participant arising from participation in TLL activities.*

\_\_\_\_\_  
Participant's Signature (If at least 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature (If participant is under 18 years old or has a guardian) \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Emergency phone number(s) \_\_\_\_\_

**PHOTO/MEDIA RELEASE**

I, \_\_\_\_\_, grant TLL and persons acting for or through them the right to use, reproduce, assign, and/or distribute photographs, files, videotapes, and sound recordings of the applicant for use in materials they may create.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Participants must complete the medical screening form in order to participate.  
Medical Screening Form is provided on the back of this form or as an attachment.***

## ***Tucker Leadership Lab*** **Medical Screening Form**

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

Please check the appropriate boxes and provide descriptions if necessary. All medical information is held in confidence.

Check ✓	Topic	Description
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Device (hearing aide, prosthetic, bone brace, etc...)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Past Injuries <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Knee <input type="checkbox"/> Neck <input type="checkbox"/> Ankle <input type="checkbox"/> Other _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Smoker	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diagnosed with high blood pressure	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetic <input type="checkbox"/> Diabetic requiring medication	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Experienced a heart attack or heart condition	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Current Medications: prescribed, over-the-counter, inhaler, or psychiatric	
	Medication	Taken For...
	Side Effects	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies: food, medicine, or environmental	
	Allergy	Reaction
	Medication Required	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other medical condition (mental, physical, or emotion) that may influence your participation in the Tucker Leadership Lab event.	

If you have any questions regarding the release form, medical screening form, or the event in which you are participating, please contact the Tucker Leadership Lab staff.

***Tucker Leadership Lab*** • William Jewell College  
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