ECU Campus Recreation and Wellness
LEADERSHIP AND TEAM TRAINING PROGRAM
Challenge Course
Participant Information

THE COURSE
The Challenge Course is designed for groups to come together in a positive environment to encourage personal and group growth. Your day may vary depending on length of program and group goals. The Odyssey High Challenge Course is consists of elements at 20 ft and 30 ft heights and the option to exit off on our 300 ft zip lines. Groups should be comfortable with each other and ready to take teamwork to the next level as they work together and support each other. We ask that you challenge yourself and push beyond your perceived limits to feel a sense of adventure and accomplishment. No matter what your day may bring, coming with an open mind and setting goals is the key to taking something back to work, home and/or for yourself. We will talk and ask each individual to participant in evaluating each element. Remember we are facilitators of the process, you hold the key for making the day one to remember.

WHAT DO I WEAR?
1. Long pants preferred to protect your legs, but shorts are acceptable during hot weather
2. Tennis shoes or hiking boots--NO DRESS SHOES OR SANDALS
3. No jewelry - we don’t want you to lose it so keep pockets empty
4. Rain gear, hat and/or sweatshirt as needed - dress for the weather!!!

WHAT DO I BRING?
1. Bag lunch unless your group is catering. We will have water on site – Please bring water bottle/container for each participant.
2. Bug spray and sun block for summer courses
3. Camera - if you would like to document the events of the day
   Don’t bring anything you don’t really need or can’t afford to lose

PROGRAM OBJECTIVES
1. To work together and have FUN!! You will be amazed at what laughing can accomplish
2. To stretch yourself beyond perceived limits
3. To develop your team work skills and leadership styles
   * develop a base of trust in each other
   * develop an appreciation of individual styles and talents
   * develop and reinforce communication skills
   * develop and reinforce support and feedback skills

PROGRAM STANDARDS
1. Challenge by Choice
2. Agree to the Full Value Contract--see back of this sheet
3. ALWAYS SAFETY FIRST--Pay attention and adhere to spotting, lifting, terms, and climbing instructions. Also please make your facilitator aware of current pertinent medical conditions and medication being taken. Watch out for your team members. Understand all instructions- Ask questions!
4. No alcohol, non-prescription drugs, or tobacco on course.

COURSE LOCATION AND PARKING
The Odyssey High Challenge Course is located at the North Recreational Complex, off hwy 264. From Greenville Blvd, take 264 east towards Washington (intersection with Hess, Wendy, and Bojangles). Then take 2nd left turn on to Recreational Way to enter the facility. Turn left to park in the small parking lot adjacent to the boathouse/beach area. We meet at the boathouse for Odyssey programs.

RAIN AND OTHER QUESTIONS
In most cases we will try and proceed with your course unless we feel that weather conditions will adversely affect your experience. Decisions will be made the day of the event usually right at the starting time. The Leadership & Team Training Specialist and/or lead facilitators will be in communication with your group leader at start time to make the decision. Once at the course, we will be happy to answer any individual questions you may have. Regular office hours are 8 a.m. to 5 p.m. Monday-Friday at (252) 328-6387. Your group leader will be in contact with staff if you have questions or problems prior to the program.
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Leadership and Team Training Program

FULL VALUE CONTRACT

Effective learning occurs in an environment where what is learned can be put into practice and the learner can receive accurate feedback and reinforcement. An essential component for learning is a person’s conscious decision to achieve a particular goal during the group experience. By using a goal setting process and developing individual personal action plans, group members are assisted in defining what they want to achieve, how they are going to accomplish this, and what evidence will serve to demonstrate that they have achieved a specific goal.

The Full Value Contract asks for the following commitments and presumes specific expectations for all group members and facilitators.

1. An agreement among the group members to work together to achieve the individual and group goals that have been developed and share during the group experience.

2. An agreement to adhere to certain physical and psychological safety guidelines must be discussed and agreed upon by the group.

3. An agreement to give and receive honest feedback. Each person agrees to listen to and try to integrate feedback when his/her behavior does not support achieving a goal. Similarly, each person agrees to give honest feedback to others when their behaviors do not match identified goals. This involves caring enough about oneself and others to communicate in a fashion that will be productive and facilitate growth.

Inherent in this process is the belief that every group member has value and by virtue of that value has a right and responsibility to give and receive open and honest feedback. Withholding or refusing to listen to constructive criticism may be viewed as an example of devaluing oneself and others.

4. An agreement to increase awareness of devaluing or discounting of oneself or others, through words and actions, and to make a conscious effort to confront and work toward changing this behavior. Again, appropriate and constructive feedback is an essential ingredient in the Full Value Contract. This may be used to look at one’s own behavior, at the possible difference between what one says and what one does, or at the degree to which one is being honest with self and others.

“Challenge By Choice”
RELEASE OF LIABILITY AND ASSUMPTION OF RISK

This form is to be read and signed by all participants in East Carolina University's Leadership and Team Training Program

PLEASE READ THIS CAREFULLY. IT AFFECTS CERTAIN RIGHTS YOU/YOUR CHILD MAY HAVE IF YOU/YOUR CHILD ARE INJURED OR OTHERWISE SUFFER DAMAGES PARTICIPATING IN THE LEADERSHIP AND TEAM TRAINING PROGRAM. ONLY ROPES COURSE PARTICIPANTS ARE COVERED BY THE ADVENTURE PROGRAM INSURANCE OR THE DEPARTMENTAL PROGRAM INSURANCE.

In return for East Carolina University allowing you/your child to participate in the Leadership and Team Training Program, you agree, and state, on behalf of yourself, your heirs, assigns, executors and others, as follows:

1. That I/my child am/is familiar with and will obey, any and all of the rules established for the Leadership and Team Training Program activities.

2. That I/my child understand/s and appreciate/s the inherent risks and dangers of participating in Leadership and Team Training Program activities, initiative games, and ropes course activities. These dangers include but are not limited to the following: climbing or descending an alpine tower climbing structure; walking on logs/wires suspended above the ground; exposure to the forces of weather and/or nature; accidents or illnesses occurring on course grounds or off-site locations which could result in property damage and personal injury including broken bones, strains concussion, sunburn, heat exhaustion, and the possibility of death. I agree to accept all risks whether present or future, known or unknown, arising from or as a result of my/my child’s participation in these activities.

3. That I WILL HOLD HARMLESS AND INDEMNIFY EAST CAROLINA UNIVERSITY and its officials, administrators, employees and all sponsors and individuals assisting in presentation of the Leadership and Team Training Program and all owners of the property on which the Program is held for any liability and all claims of damages, demands, and actions whatsoever in any manner resulting from my participation in this program.

4. That I understand I/my child must be healthy and reasonably fit in order to safely participate in the Leadership and Team Training Program and that I/my child will inform the program leader of any medication, ailment, condition, or injury that may affect performance; and

5. I grant ECU the right and permission with respect to the use of my/my child’s photograph, name, likeness or voice. I hereby release and discharge ECU from any and all claims and demands arising out of or in connection with this use, including without limitation any and all claims for libel or invasion of privacy.

I STATE THAT I AM OF FULL AGE AND HAVE THE RIGHT TO CONTRACT IN MY OWN/MY CHILD’S NAME. I HAVE READ, UNDERSTAND AND AGREE TO ALL CONDITIONS SET FORTH HEREIN, AND THAT I SIGN THIS VOLUNTARILY.

STUDENT/STAFF BANNER ID: ___________________ STUDENT/STAFF PIRATE ID: ___________________

Signature_____________________________________________ Date____________________________

Full Name Printed________________________________________ Date____________________________

Parent's/Guardian's Signature if participant is under 18 ________________________________________

Please Fill Out Reverse Side
East Carolina University Campus Recreation and Wellness
Leadership and Team Training Program
Participant Health Statement & Authorization for Medical Treatment

NAME_______________________________________________________________________________________
ADDRESS____________________________________________________________________________________
CITY__________________________________STATE_____________________________ZIP________________
PHONE (H)_______________________________ (W)__________________________
DATE OF BIRTH_____________________
Program You Are Participating In:______________________________________________________  Date______________________

Please complete the following as thoroughly as possible. The information will be used only by the program leaders and any emergency medical personnel.

HEALTH INSURANCE CO. & POLICY NUMBER__________________________________________________

1. What physical disabilities or conditions (heart conditions, diabetes, seizures, etc.) do you have that might affect your participation in this activity? Please include operations illness, broken bones in the past six months? _____________________________________
___________________________________________________________________________________________________

2. Any allergies, specifically bee stings, food, or medications/drugs?______________________________________________________
____________________________________________________________________________________________________________

3. Last date of immunization (tetanus, booster,etc.)?___________________________________________________

4. List any medications being taken?________________________________________________________________

5. Name and phone number of family physician_______________________________________________________

Emergency Contact: Name____________________________ Relationship_________________________________
Phone___________________________
Address____________________________________________________
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Authorization for Emergency Medical Care & Medical Release
In the event that I/my child am/is rendered unable to communicate due to illness, accident, or emergency while participating in the Leadership and Team Training Program, I hereby give permission to the physician selected by staff to hospitalize, secure proper medical treatment, and/or take whatever medical actions are necessary except as noted below. I agree to assume personal responsibility for these noted exceptions.

EXCEPTIONS FOR TREATMENT / HOSPITALIZATION:

The information provided above is a complete and accurate statement of the physical and psychological factors which may affect my participation in an ECU Leadership and Team Training Program. Furthermore, I believe that I/my child am/is in good health. If in doubt, I will seek and follow medical advice.

___________________________________________  __________________________
Signature                                                                                   Date

___________________________________________  __________________________
Name (please print)                                                              Date

___________________________________________  __________________________
Signature of Parent or Guardian (if under 18)                                      Date