

REGISTRATION FOR CHALLENGE ADVENTURES TBI EXPEDITIONS

Thank you for your interest in taking part in one of Challenge Adventures Traumatic Brain Injury Expeditions. These expeditions are held on the Middle Prong Wilderness of the Pisgah National Forest near Asheville, NC. On the expeditions, we use llamas as pack animals and our traveling partners.

Project Conditions

Challenge Adventures provides the equipment that you will need, like sleeping bags and tents. You will need to provide clothing, according to the list that is at the end of this form. You will carry your clothes, water, and any personal items like cameras. We will provide a pack for you to put these in and we like to hold the amount you carry down to 15 or 20 pounds.

We will be traveling along trails that can sometimes be rocky, and will be going up and down about 500 feet overall over a distance of eight miles during the expedition. We will be at about 5,500 feet altitude most of the time. At the furthest, we will be about three miles from a road. We will walk one to three miles each day, with plenty of breaks and a chance to look around in one of the most beautiful places in the Eastern US.

We camp in mountain meadows that are kept open by the llamas grazing. Everyone will have their own llama that they will take care of and that will take care of them. Each person will have their own tent. We provide the food, which is nutritious and long on vegetarian items. We can provide food for special dietary needs.

Each expedition is tailored to meet the needs of the individuals on the trip. To do that and to make sure you are ready for this expedition, we need to know more about you. We also want to make sure your doctor believes this is an appropriate adventure for you.

The expeditions will be three days long, with a four hour meeting on a Saturday two weeks before the expedition to learn about how to get along in the wilderness, meet the llamas and learn about the equipment.

The trip leaders are George Appenzeller and Dan Mussulin. George is a psychotherapist and long-time wilderness leader. Dan is a recreation therapist and long-time outdoor enthusiast who has led many groups in the wilderness. Both have had TBI's, George some time ago and Dan more recently.

Please fill out the form, have your physician sign off and look forward to a real adventure!

PLEASE SEND THE COMPLETED FORM TO CHALLENGE ADVENTURES, PO BOX 6876, COLUMBIA, SC 29260 FAX TO (803)771-1595.

Participant Name	
Date of Birth	
Expedition Date Wanted	
Signature of Participant	
Date	

Please choose the expedition date you want. The cost for the trip is \$240.00. You may qualify for a discount. Call (803) 771-6663 to find out if you qualify

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- August 9-11 (Preliminary Meeting on July 27)
- September 2-22 (Preliminary Meeting on September 7)

Method of Payment (Please check with us at 803-771-6663 for information on reduced rates)

- Check
- Credit Card

If Credit Card

____ Visa ____ MC ____ American Express

Credit Card Number _____

Name on Credit Card (please print) _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

Authorized Signature _____

Challenge Adventures Health Information Form – Page 1 of 5

Participant Name	
Date of Birth	
Date	

The Health Information is an important part of this form. This must be signed by a doctor within one year prior to the start date of the expedition. Without a doctor's signature on file, Challenge Adventures will not permit you to participate in an expedition. This section also requires your signature.

- Please answer the questions in the participant portion of this section accurately, including as much detail as possible so that we can determine if this is the right trip for you and the best ways to help make the expedition a good experience for you.
- Take this Health Information form to your doctor.
- Ask your doctor to read the first part of the form that explains what you will be expected to do on the trip and ask the doctor to sign this Health Information form, verifying that you are able to participate

Accurate completion of this Health Information will be helpful if you have a medical emergency while on the expedition and will help us plan the best route for the participants.

Medications

Do you take any prescription or non-prescription medications for the previously-mentioned conditions? (Circle One) Yes No			
Medication:	Reason for taking:	Date started taking:	Dosage:
Please add any additional information you might think is important :			

Challenge Adventures Health Information Form – Page 2 of 5

Participant Name	
Date of Birth	
Date	

Level of Physical Activity

For each activity, describe how often per week, how long you do it for and how far you go, and fill in the circle under relaxed, moderate, or intense that best describes the intensity with which you do the activity.

Physical Activity	How Often Per Week	Amount of Time and Distance	Relaxed	Moderate	Intense
Walking			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swimming			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Specify)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each item below, fill in the circle under easily, moderately well, with difficulty, or not at all that best describes how well you can perform the activity described.

Stamina	Easily	Moderately well	With Difficulty	Not at All
Before tiring I can walk 1 mile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before tiring I can walk 5 miles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can hike 3 hours over rough terrain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can hike 3 hours with a 20 pound pack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Challenge Adventures Health Information Form - Page 3 of 5

Participant Name	
Date of Birth	
Date	

Have You Ever Had Any of the Following Conditions? Please check all that apply and provide as much additional detail as you think is necessary.

Anaemia	<input type="checkbox"/>	Epilepsy / seizures	<input type="checkbox"/>	Migraines/severe headaches	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	Musculoskeletal conditions (osteoporosis, fibromyalgia, etc.)	<input type="checkbox"/>
Chronic lung conditions	<input type="checkbox"/>	Heart conditions (including disease, murmur, irregularity)	<input type="checkbox"/>	Nervous system conditions (multiple sclerosis, Parkinson's, etc.)	<input type="checkbox"/>
Chronic back conditions	<input type="checkbox"/>	Heat and/or cold sensitivity	<input type="checkbox"/>	Orthopaedic problems (sprains, strains or fractures)	<input type="checkbox"/>
Cognitive disorders (Alzheimer, memory loss, dementia, etc.)	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Skin conditions	<input type="checkbox"/>
Dizziness/balance conditions	<input type="checkbox"/>	Immune system conditions	<input type="checkbox"/>	Sleep apnea	<input type="checkbox"/>
Eating disorder	<input type="checkbox"/>	Kidney or liver conditions	<input type="checkbox"/>	Stomach/intestinal conditions	<input type="checkbox"/>
Endocrine/thyroid conditions	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	Tuberculosis/exposure to TB	<input type="checkbox"/>

Asthma	<input type="checkbox"/>	Cause:		Do you self-medicate?	Yes <input type="radio"/> No <input type="radio"/>
Diabetes/ Hypoglycaemia	<input type="checkbox"/>	Type:		Do you self-medicate?	Yes <input type="radio"/> No <input type="radio"/>
Active Hepatitis	<input type="checkbox"/>	Type:			
Have you been hospitalized or had surgery in the past two years? If yes, please include provide as much detail as possible in the space below:					Yes <input type="radio"/> No <input type="radio"/>
Do you have any phobias which might inhibit your participation? If yes, please describe in the space provided below:					Yes <input type="radio"/> No <input type="radio"/>
Do you have any allergies? Include drugs, food, insect stings etc. If yes, list the type of reaction, the severity, and required treatment. Please indicate any medications you will be carrying to treat your allergy:					Yes <input type="radio"/> No <input type="radio"/>
Do you have any conditions that are not already indicated on above?					Yes <input type="radio"/> No <input type="radio"/>

Challenge Adventures Health Information Form – Page 4 of 5

Participant Name	
Date of Birth	
Date	

I understand the physical demands of the project for which I have signed up. I understand it is my responsibility to determine if I am able to participate safely given any medical conditions I may have. I have reviewed this Health Information with a doctor. I have answered all questions on this Health Information truthfully and completely, and understand that truthful disclosure of medical conditions will not necessarily lead to being excluded from the expedition

I authorize the Challenge Adventure team to consent to medical treatment, the administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon or the most qualified medical provider. I authorize any such medical provider to release information about me and my condition and treatment to Challenge Adventures. I agree to pay for any and all costs associated with such treatment.

I understand that Challenge Adventures will disclose information on this Health Information to the field staff of the expedition to which I am travelling and will hold this information on file for a period of at least seven years following my return from the expedition.

Participant Signature

Signature	
Date	

Challenge Adventures Health Information Form – Page 5 of 5

Participant Name	
Date of Birth	
Date	

To the Doctor

Challenge Adventures is a non-profit organization that provides the opportunity for individuals who might not otherwise have the opportunity a chance to spend time in the wilderness near Asheville, NC. Our goal is to help people who have had difficulties in their lives have a chance to build confidence and change their life story for themselves. Your patient intends to join one of the expeditions we carry out for persons who are TBI survivors.

Please review the Project Conditions and Health Information parts of this form which address the rigor of the expedition and the potential for any medical concerns of the participant.

After discussing the project's physical demands and health risks with your patient, if you feel that your patient is able to participate, please fill out the information and sign at the bottom of this page, within the box provided.

Thank you for your help.

Patient Name	
How Long Have You Known the Patient	
Doctor's Name	
Doctor's Address	
Telephone Number	
Email	
Comments	

I have reviewed the physical demands of the Challenge Adventures TBI expedition and believe that my patient will be able to participate fully in the expedition.

Signature
Date