



# Team Building Adventures

At Rock Springs Center

www.pdncoach.com • Phone 217.362.0500 • teams@pdncoach.com • www.pdncoach.com

## **GREETINGS!!**

It is a pleasure to welcome you to Performance Development Network's Outdoor Team Building Adventures program. We are looking forward to working with you and your group.

Your program will consist of a series of group activities and low ropes challenges that will provide an opportunity for your group to work together to solve problems, make decisions, enhance group communications and build trust. If you are careful you may **HAVE SOME FUN!!**

This participant letter is designed to give you the information you will need so that the time you spend with us will be as comfortable and productive as possible.

## **CLOTHING**

The program will take place indoors and/or outdoors at the Rock Springs Center, Decatur, IL. We suggest CASUAL LOOSE FITTING, comfortable clothes and sturdy, closed-toe shoes. Long sleeves and jeans are recommended. Temperatures can fluctuate from the 60's to the 90's so we also recommend dressing in layered clothing. Outer layers should include head; ear and hand wear as well as rain gear if appropriate. Sunscreen and insect repellent is also recommended.

## **PHOTOGRAPHY**

Still photography is encouraged. Videos are great too as long as the privacy and comfort level of the group is not compromised.

## **ALL WEATHER POLICY**

We are prepared to accommodate your group rain or shine. Should weather become a safety hazard however, the program will be cancelled or moved to an indoor setting.

## **SAFETY**

The challenges and activities are low-impact and designed for maximum group participation. You may be climbing, lifting balancing or walking on logs. You are **RESPONSIBLE** for informing your facilitator of any health concerns that could affect your safety or that of the group. Facilitators are trained in emergency first aid and CPR. Additionally, a cellular phone is carried should an emergency occur.

A physical exam is not required to participate in this programming. If you have doubts as to your physical condition to engage in outdoor adventure challenge activities, it is strongly recommend that you seek the advice of a physician. All activities are CHALLENGE BY CHOICE and we invite you to participate at the physical level you feel most comfortable. We do however; encourage all group members to remain engaged and to challenge themselves to create other supportive "Teaming Roles".

## **BILLING**

All invoicing and payments are made directly with Performance Development Network, 1163 Buckeye Lane, Decatur, IL 62521 - NOT Rock Springs or the Macon County Conservation District.

**ALL participants MUST complete and sign the forms on the following two pages.**

Group Name: \_\_\_\_\_ Date: \_\_\_\_\_



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Group Name \_\_\_\_\_ Program Dates \_\_\_\_\_

## PDN Confidential Medical Information

**PLEASE CHECK ONE:  Adult Participant or  Youth Participant (under 18)**

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

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

Doctor \_\_\_\_\_ Clinic or Hospital \_\_\_\_\_

Do you carry any medical insurance?  Yes  No If so, please list Insuring Company or Plan:

Do you have any pre-existing health conditions?  Yes  No If so, explain type,

Describe your current physical fitness and activity level.

Do you have any allergies?  Yes  No If so, explain type and reactions,

Are you taking any medication?  Yes  No If so, explain type and reason,

Do you use an EPINEPHRINE Kit? \_\_\_\_\_

**Please turn over and complete the back of this form**

**PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

In consideration of the services of Performance Development Network and Macon County Conservation District, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "PDN"), I hereby agree to release, indemnify, and discharge PDN, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

- 1. I acknowledge that my participation in challenge course activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** challenge course programs are based on the "challenge by choice" principle. At any time you and/or your group are free to withdraw from participation in ropes course activities and its potential for: slips and falls and falling; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening injuries; my own physical condition, and the physical exertion associated with this activity. There may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases.

Furthermore, PDN employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless PDN from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of PDN 's equipment or facilities, **including any such claims which allege negligent acts or omissions of PDN.**
- 4. Should PDN or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against PDN, I agree to do so solely in the state of Illinois, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against PDN on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION  
(Must be completed for participants under the age of 18)**

In consideration of (print minor's name) ("Minor") being permitted by PDN to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless PDN from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



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## Driving Directions to Rock Springs

Rock Springs Conservation Area and Nature Center are located at 3939 Nearing Lane in Decatur, IL [[get directions](#)]. **Rock Springs GPS Coordinates** are 39.817713 N, 89.00932 W

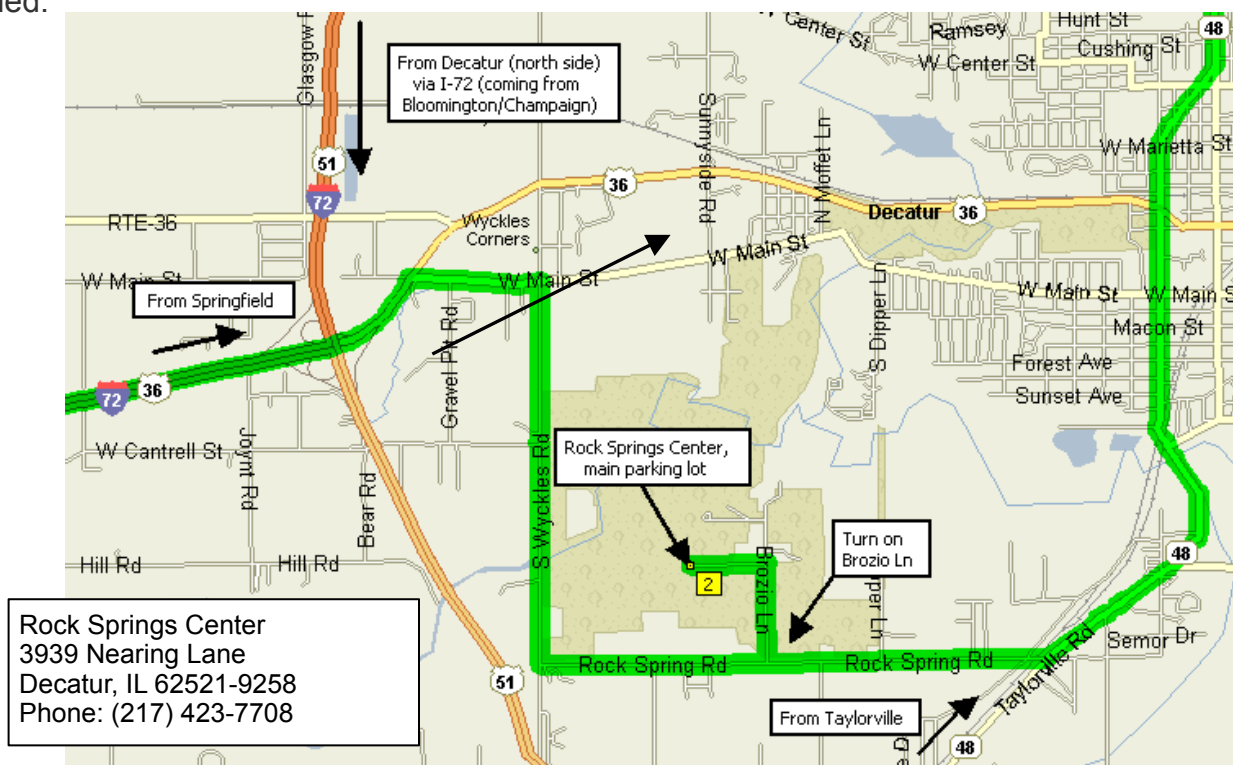
Rock Springs Nature Center is located on the southwestern edge of Decatur. To get to Rock Springs Center from Decatur go south on Route 48 and turn right onto Rock Springs Road. Watch for signs. Plenty of parking is available. <http://www.maconcountyconservation.org/rocksprings.php>

Please note --- an alternate route to **Rock Springs Nature Center via Wyckles Road from Decatur is CLOSED** due to bridge repairs over the Sangamon River.

The map below shows Rock Spring Center's location relative to all highways coming into Decatur. You will enter Rock Springs at the intersection of Rock Springs Road and Brozio Lane, with the latter taking you into the park. Follow Brozio Lane to the first left turn, and then follow the lane past the Visitor's Center to the **main parking lot**.

**If you are driving a bus, DO NOT go first to the "Bus Parking"**. Drop your group off in the main parking lot in front of the shelter. Then you can return to park in the bus lot.

All groups will assemble at the small shelter (restrooms) in the main parking lot unless otherwise notified.



**If you have any last-minute questions, problems, get lost, running late, etc., please call the cell phone of the lead facilitator for your program:**

**John Schirle: 217-972-9503 OR Mark Sturgell 217-433-4129**