

High Ropes Course Medical Information Form

PLEASE READ:

THIS FORM IS INTENDED TO REMIND LEADERS AND PARTICIPANTS OF THE SERIOUSNESS OF ATTEMPTING ADVENTURE ACTIVITIES WITH AN OLD, PREEXISTING INJURY, A HEART CONDITION OR OTHER CONDITION, WHICH MIGHT BE AGGRAVATED BY THE EVENT. PLEASE NOTE THAT THE HIGH ROPES COURSE IS NOT FOR ELEMENTARY CAMPERS.

QUESTIONS:

RESPONSE

(circle one)

- | | | |
|--|-----|----------|
| 1. Any preexisting injuries (ankles, knees, back, neck, etc.) that might be aggravated by participating? | Yes | No |
| 2. Taking any current medications? | Yes | No |
| 3. Any heart problems or heart medications? | Yes | No |
| 4. Do you have high blood pressure? | Yes | No |
| 5. Do you have any allergies (food, bees, insects), or reactions to medications? | Yes | No |
| 6. Do you have any physical limitations? | Yes | No |
| 7. Current level of activity back home? | Low | Med High |

*If you answered yes to any question please discuss that item with leader.

I understand that during my participation in this adventure course or activity I may be exposed to psychologically and physically stressful and challenging situations.

I understand, too, that although the program has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity it is impossible for the program to guarantee absolute safety. Also, I understand that I share responsibility for safety and I assume that responsibility. Further, I waive any claim that may arise against Experiential Systems, Inc., Living Water Ministries and/or their employees as a result of my participation in the program, except those which are the direct result of the negligence of Experiential Systems, Inc., Living Water Ministries or their employees.

I have accepted responsibility for verifying my personal health and my medical history provided to Living Water Ministries on LWM 2 and LWM 3 and that I have no physical or psychological conditions that would prohibit my participation in this program.

I agree to comply with all instructions and directions of the Living Water Ministries staff during my participation.

NAME (please print) _____ DATE _____

ADDRESS _____

INSURANCE COMPANY _____

SIGNED _____

PARENT OR LEGAL GUARDIAN _____

IN CASE OF EMERGENCY, CONTACT _____ PHONE _____

PROGRAM ATTENDED _____

FACILITATOR REVIEW _____