

Tree Top Adventures Challenge Course

Health Statement



The proposed activity provided by The Heard Natural Science Museum & Wildlife Sanctuary requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart or any diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

NAME _____ BIRTH DATE _____ AGE _____

ADDRESS _____ GENDER _____

CITY,STATE,ZIP _____ HOME PHONE _____

NAME OF PHYSICIAN _____ DATE OF LAST EXAM _____

IN AN EMERGENCY NOTIFY _____ RELATIONSHIP _____

HOME ADDRESS _____

WORK PHONE _____ HOME PHONE _____

HEALTH HISTORY: (Circle the appropriate answers & describe any **YES** answers)

- | | | |
|------------------------------------------------------------------------------------------|-----|----|
| • HAVE YOU OR DO YOU CURRENTLY HAVE ANY HEART PROBLEMS
(DATES) _____ | YES | NO |
| • DO YOU FREQUENTLY SUFFER FROM PAINS IN YOUR CHEST | YES | NO |
| • DO YOU OFTEN FEEL FAINT OR HAVE SPELLS OF DIZZINESS | YES | NO |
| • HAVE YOU BEEN DIAGNOSED WITH HIGH BLOOD PRESSURE | YES | NO |
| • ARE YOU A SMOKER | YES | NO |
| • DO YOU HAVE ARTHRITIS, JOINT, OR BACK PROBLEMS | YES | NO |
| • HAVE YOU HAD ANY OPERATIONS OR SERIOUS INJURIES
(DATES) _____ | YES | NO |
| • DO YOU HAVE DISABILITIES OR CHRONIC RECURRING ILLNESSES
_____ | YES | NO |
| • ARE YOU ALLERGIC TO ANY MEDICATIONS, ANIMALS, OR PLANTS
_____ | YES | NO |
| • DO YOU HAVE EPILEPSY | YES | NO |
| • DO YOU HAVE DIABETES | YES | NO |
| • ARE YOU CURRENTLY TAKING ANY MEDICATIONS
_____ | YES | NO |
| • ARE YOU CURRENTLY OR POSSIBLY PREGNANT
DUE DATE: _____ | YES | NO |
| • DO YOU CARRY FAMILY MEDICAL/HOSPITAL INSURANCE
CARRIER: _____ POLICY NUMBER: _____ | YES | NO |
| • PRIMARY PHYSICIAN NAME & NUMBER: _____ | | |
| • EMERGENCY CONTACT NAME: _____ | | |
| • RELATIONSHIP: _____ | | |
| • EMERGENCY CONTACT PHONE NUMBER:
HOME: _____ CELL: _____
WORK: _____ OTHER: _____ | | |

Representation and Emergency Authorization

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in challenge course activities.

I hereby give permission to the medical personnel selected by The Heard Natural Science Museum and Wildlife Sanctuary to order injection and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall include, but not be limited to, charges incurred for the providing of aid and arranging evacuation if The Heard Natural Science Museum and Wildlife Sanctuary, or its agents, determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree by any restrictions placed in my activities.

Signature of Participant _____ Date _____

Signature of Legal Guardian _____ Date _____