

Western Wyoming Community College
Challenge Course/Adventure Based Learning Program
Medical Questionnaire/Release

Your Name _____

Age: _____

Organization: _____

PLEASE READ: This form is intended to remind staff and participants of the seriousness of attempting adventure activities with an old, pre-existing injury, heart problem or other conditions which may be aggravated by the event.

Questions

Response

1. Any pre-existing injuries (knees, neck, back) that may be aggravated by the event? Yes No
If yes, please explain: _____

2. Are you currently taking any prescription or non-prescription medication? Yes No
If yes, what are they and what are they for? _____

3. Do you have any heart conditions? Yes No

4. Any pressure or coercion from employer or others to participate? Yes No

5. Do you have high blood pressure? Yes No

6. Do you have any allergies (food, bees, insects, or medicines)? Yes No
If yes, please explain: _____

7. Do you foresee any problems participating in the upcoming Challenge Course activity due to a lack of physical exercise? Yes No

8. Do you have Asthma? Yes No

9. Do you have a disability? Yes No
If yes, please indicate the functional implications and any concerns about participation related to the disability. _____

In case of emergency, contact: _____

Relation: _____

Phone: _____

Note to Staff: If "Yes" is circled, please discuss with the participant. Please take some time to follow up on the "YES" responses with folks. If, in your judgment and according to your training, a participant should not engage in the activities due to health or safety risks, then ask them to observe only.

Participant – Please read and sign

I have honestly disclosed to the staff any medical, psychological or personal reasons that might affect my safety or the safety of others during these events. I will remember that a "Challenge by Choice" atmosphere exists at all times and I should not feel pressured to participate. I certify that I have adequate insurance to bear any additional cost of such injury or damage.

Participant Signature _____ Date _____ Age _____ Print Name _____

I, as parent or guardian of the above minor under 18 years of age, hereby consent to the terms and conditions set forth in this Release Form.

Parents or Guardian's signature if under 18 _____