

**OUTDOOR WILDERNESS LEARNING CENTER
HEALTH STATEMENT**

The proposed activity provided by the Outdoor Wilderness Learning Center, including participation in challenge course activities, 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 related or other 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 _____
 S.S.# _____ Gender _____
 Address _____ Age _____
 City, ST, Zip _____ Work Ph. _____
 Home Phone _____ Date of last physical exam _____
 Name of Physician _____ (must be within the last 12 months)
 Physician's Ph. _____

In an emergency notify: _____
 Home Address _____ Home Ph. _____
 City, ST, Zip _____ Work Ph. _____
 Work Address _____ City, ST, Zip _____

Health History: (Circle the appropriate answer and describe any **YES** answers.)

Have you had or do you currently have any heart or heart related problems (dates): _____ YES NO

Do you frequently suffer from pains in your chest: _____ YES NO

Do you often feel faint or have spells of severe dizziness: _____ YES NO

Has a doctor ever told you that you have high blood pressure: _____ YES NO

Are you a smoker: _____ YES NO

(Note: If you have had any heart related problems you will need to have a release from a physician in order to participate in these activities.)

Do you have arthritis, joint or back problems that might be aggravated by exercise: _____ YES NO

Have you had any operations or serious injuries (dates): _____ YES NO

Do you have any disabilities or chronic recurring illness or communicable diseases: _____ YES NO

Are there any activities to be limited / discouraged by physician's advice: _____ YES NO

Are you allergic to any medicines, insects or pollen: _____ YES NO

Do you have Epilepsy: _____ YES NO

Do you have Diabetes: _____ YES NO

Do you have any prescribed meal plan or dietary restrictions: _____ YES NO

Are you currently sick and / or using a medication that is not listed above: _____ YES NO

Do you carry family medical / hospital insurance: _____ YES NO

Carrier: _____ Policy Number: _____

Suggestions or health related information for O.W.L. Center personnel: _____

General Health Statement: _____

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 the challenge course activities.

I hereby give my permission to the medical personnel selected by the staff of the Outdoor Wilderness Learning Center (O.W.L. Center) to order injection and / or anesthesia and / or surgery for me. Such authorization for emergency treatment shall also include, but not be limited to, charges incurred for the providing of aid and arranging evacuation if the staff of the O.W.L. Center 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 to abide by any restrictions placed on my activities.

Name of Participant: _____ Date: _____

Signature of Participant (eighteen years of age and older): _____

Signature of Parent or Guardian (if under eighteen years of age): _____

Witness: _____ Date: _____