

Health Statement



The proposed activity provided by Adventure Park Lubbock LP 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 other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability so safely participate in this experience, you should have a physical examination.

NAME _____
GENDER _____
CELL PHONE _____
ZIP CODE _____

BIRTH DATE _____ AGE _____
NAME OF PHYSICIAN _____
DATE OF LAST PHYSICAL EXAM _____

IN AN EMERGENCY, NOTIFY _____
RELATIONSHIP _____
CELL PHONE _____

HEALTH HISTORY (Circle the appropriate answers and describe any "YES" answers with corresponding dates where applicable.)

- YES NO Are you 10 years old or older?
YES NO Do you weigh under 60 pounds or over 275 pounds?
YES NO HAVE YOU OR DO YOU CURRENTLY HAVE ANY HEART PROBLEMS?
(NOTE: If you have had any heart related problems you will need to have a release form from a physician in order to participate on the ropes course or zipline.)
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 YOUR DOCTOR EVER TOLD YOU THAT YOU HAVE HIGH BLOOD PRESSURE?
YES NO ARE YOU A SMOKER?
YES NO DO YOU HAVE ARTHRITIS, JOINT, OR BACK PROBLEMS THAT MIGHT BE AGGRAVATED BY EXERCISE?
YES NO HAVE YOU HAD ANY OPERATIONS OR SERIOUS INJURIES?
YES NO DO YOU HAVE DISABILITIES OR CHRONIC RECURRING ILLNESS?
YES NO ARE THERE ANY ACTIVITIES 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?
YES NO DO YOU CARRY FAMILY MEDICAL/HOSPITAL INSURANCE?

CARRIER:

POLICY NUMBER:

SUGGESTIONS OR HEALTH-RELATED INFORMATION FOR ADVENTURE PARK LUBBOCK LP 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 challenge course activities. I hereby give permission to the medical personnel selected by Adventure Park Lubbock LP 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 Adventure Park Lubbock LP 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 on my activities.

SIGNATURE OF PARTICIPANT

DATE

Employee Initial