

Please Print

Name: _____ Age: _____ Group: _____

ASPENDALE BAPTIST ENCAMPMENT INC.
PARTICIPANT ASSUMPTION OF RISK, RELEASE AND AGREEMENT
APPENDIX B

****This form is intended to remind staff and participants of the seriousness of attempting adventure activities with a pre-existing medication condition. This information is to be confidential.****

Question:

Response: circle one

1. Any pre-existing medical conditions?

Yes No

If yes, please explain: _____

2. Are you currently taking any prescription medication?

Yes No

If yes, please explain: _____

3. Do you have a heart condition?

Yes No

4. Do you have high blood pressure?

Yes No

5. Do you have any allergies (food, bees, insects or medicines)?

Yes No

6. Do you foresee any problems participating in the upcoming Odyssey activity due to a lack of regular physical activity?

Yes No

If yes, please explain: _____

7. coercion from others to participate?

Do you feel any pressure or
Yes No

8.

Do you have a disability?
Yes No

If yes, please indicate the functional implications and any concerns about participation related to the disability.

9. physical activity.

Describe your current level of

In case of emergency, contact _____

Phone _____

Medical Insurance (Company and policy number) _____

Participant – please read and sign:

I have honestly disclosed to the staff any medical, psychological, or personal information relating to my health. I will remember that a Challenge by Choice© atmosphere exists at all times, and I should not feel pressured to participate.

Participant's Signature

Date

****You may use the back of this form to continue your answers or additional information****

Minimum Weight for Odyssey and zipline 70 lbs.

Maximum Weight for Odyssey and zipline 300 lbs.