

PARTICIPANT HEALTH HISTORY FORM

Contact Information

Participant First and Last Names _____
Birth Date _____ Phone Number _____
Address _____
City, State _____ Zip _____
Emergency Contact _____ Relationship _____
Emergency Contact Number (reachable during your climb) _____



Health Questions

1. Do you have any pre-existing injuries (ankle, knee, back, neck, shoulder, etc.) that might be aggravated by your participation? YES ↑ NO ↑
2. Are you currently taking any medications? YES ↑ NO ↑
If yes, please list medications: _____
3. Do you have any heart problems? YES ↑ NO ↑
4. Do you have high blood pressure? YES ↑ NO ↑
5. Do you often feel faint or have spells of severe dizziness? YES ↑ NO ↑
6. Do you have any breathing difficulties or illnesses? YES ↑ NO ↑
7. Do you have diabetes? YES ↑ NO ↑
8. Are you pregnant? YES ↑ NO ↑
9. Do you have allergies (food, bees, insects, medications, etc.) YES ↑ NO ↑ Unknown ↑
10. Participating in this program may involve bending, twisting, lifting, running, jumping, climbing, increased heart and breath rates and physical contact with others. Unexpected strains or jolts to your body can occur. Does this concern you? YES ↑ NO ↑
11. Are you afraid of heights? YES ↑ NO ↑

If you answered YES to any questions above, please explain _____

(The group leader may discuss the safety of your participation on the high ropes course with you.)

Please include any additional information that you feel is relevant _____

Insurance and Permission to Treat

Insurance Carrier _____ Policy number _____

This health history is correct to the best of my knowledge, and I believe that my/my child's health is satisfactory to participate in high ropes course activities. I authorize Metigoshe Ministries to take action as deemed necessary for my/my child's care, welfare, and health while using the high ropes course. I consent to any medical treatment necessary to treat me/my child for any accident, injury, or illness arising as a result of my participation. I understand that a copy of this form will be provided to the doctor, hospital, or other health care provider that administers the treatment and consent to its release.

Signature of Participant or Parent/Guardian _____

Date _____

Participants 18 and older may sign for themselves

Please be sure to fill out the release form on the backside of this form

PARTICIPANT AGREEMENT: ASSUMPTION OF RISK & RELEASE OF LIABILITY



Group Name: _____ Date of Climb: _____

Participant Name: _____ Age: _____
(please print) (must be 13 or older)

Initial below to indicate that you have read, understood and agree to the section following your initials

Parents/Guardians/Legal Representatives should initial on behalf of participating Minors after discussing each section with them indicating that both the Minor and the Parent/Guardian/Legal Representative agree to each section.

_____ I understand and assume all dangers and risks (both known and unknown) associated with my participation on the HTTM course and agree to release and hold harmless Metigoshe Ministries, its employees, course facilitators, and Board of Trustees for any damages to personal property or injuries of any nature, which might be incurred as a result of my voluntary decision to participate on the Higher than the Mountains ropes course ("HTTM") located at Camp Metigoshe on Pelican Lake.

_____ I understand that Challenge Course/Climbing activities are, by their nature physically and emotionally demanding, and possess actual risk of injury – bumps, cuts, and bruises are possible, as are greater injuries including fractures and fatalities. I voluntarily choose to participate on HTTM and understand it may involve bending, twisting, lifting, running, jumping, climbing, swinging, increased heart or breath rates, heights of 40 feet or more, and physical contact with others.

_____ I understand that Metigoshe Ministries has the right to deny participation and that it is my responsibility as a Participant to follow the safety guidelines and procedures established by Metigoshe Ministries and the course Facilitators. If, at any time, I do not understand or have not heard specific instructions given by the course Facilitators, I realize that it is my responsibility to ask for clarification and/or assistance.

_____ I understand that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety, and agree to notify the course Facilitator if I have safety concerns. If I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation.

_____ I certify that I am 13 years of age or older and fully capable of participating on HTTM and any related activities.

_____ I am aware that I might be photographed and/or videotaped during my participation, and authorize such photographs and video to be used by Metigoshe Ministries in future publications. I understand my name will *not* be used and/or published in any way, and that I will *not* receive compensation for the use of such photographs and/or video.

_____ I assume full personal responsibility for any injury, death, loss of personal property, and expenses thereof, that may result from my negligence, or other risks associated with HTTM, including, but not limited to, those caused by course, terrain, weather, my athletic and physical condition, and other participants.

_____ I acknowledge that I have been given the opportunity to ask questions regarding my participation on HTTM and any aspect of this release form.

By signing this release form, I agree that if I do sustain any injury or damage of any nature as a result of my voluntary decision to participate on HTTM, I will hold harmless and release Metigoshe Ministries from liability for any loss resulting from such participation and that this release is binding on my heirs and assigns. I agree to accept financial responsibility for any medical expenses and/or loss of income not covered by my insurance policy.

I acknowledge that I have completely read and fully understand all aspects of this release form and agree to its terms in its entirety. If acting as legal representative, I have shared these risks with the Minor I am signing for.

Participant Signature (minors must sign, to show they were made aware of the risks)

Date

Parent/Guardian/Legal Representative Signature (required for participants under 18)

Date