

Glisson Camp and Retreat Center - Medical Questionnaire
Alpine Tower/Low Elements/Zip Line & Climbing Tower/High Elements/Water Front

Your Name (Please Print) _____ Age _____

Group _____ Date ____/____/____

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 might be aggravated by the event.

<u>Questions</u>	<u>Response</u>	
1. Do you have any pre-existing injuries (ankles, knees, back, etc.) that may be aggravated by participating in this event?	Yes	No
2. Are you currently taking any medication?	Yes	No
3. Do you experience heart problems or take heart medication?	Yes	No
4. Do you have high blood pressure?	Yes	No
5. Do you have any allergies (food, bees, other insects), reactions to medications or physical limitations?	Yes	No
6. Have you experienced any pressure or coercion from others to participate?	Yes	No
7. Do you foresee any problem participating in the upcoming activity due to lack of physical exercise back home?	Yes	No

In case of emergency, contact _____ Phone _____

Note to Staff: If "Yes" is circled, please discuss with the participant. Create a quiet time and serious tone for filling out information. Slow down and take the time to follow-up the "Yes" responses with folks. If, in your judgment, 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.

Signature _____ Date ____/____/____

Informed Consent/Liability Release

I am aware and understand that participating in the **Glisson Camp & Retreat Center:** (circle the course)

Alpine Tower / Low Elements / Zip Line & Climbing Tower / High Elements / Water Front

Program involves a potential risk of physical injury and I understand that the programs are physically demanding and potentially dangerous. I agree and hereby state that I am solely responsible for my own participation and for my own physical and emotional well-being. I am aware and understand that all of the programs are strictly voluntary and it is my own choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities, and medical condition. I further state that, in choosing to participate, I am not under the influence of any chemical substance including alcohol. I willingly and knowingly assume for myself, my heirs, family members, executors, all risk of physical injury and emotional upset, which may occur during or after participating in any aspect of the program, and hereby agree to hold GLISSON CAMP AND RETREAT CENTER, its employees, its instructors, facilitators and agents harmless for any liability arising out of my participation in the program. Should GLISSON CAMP AND RETREAT CENTER or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify (to shift responsibility for payment of damages to someone else) and hold GLISSON CAMP AND RETREAT CENTER harmless for all such fees and costs. This release does not, however, apply to any physical injury or emotional harm caused by negligence or willful misconduct of GLISSON CAMP AND RETREAT CENTER, its employees, its instructors, facilitators and agents.

I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Name (Please Print) _____

Signature _____ Date ____/____/____

* If the participant is under the age of 18, their parent or guardian must sign below.

Parent / Guardian Signature _____ Date ____/____/____