Washington and Lee University Challenge Course

FITNESS TO PARTICIPATE AND RELEVANT HEALTH DISCLOSURES FORM

Name (*Print*): _____

Gender: Male_____ Female_____

Date of Birth: _____

Please read: ***This form is intended to remind participants and staff of the seriousness of attempting strenuous adventure activities such as the Fechnay Challenge Course with pre-existing medical conditions that might limit safe participation or be exacerbated by participation. The information will be reviewed by appropriate Fechnay Challenge Course staff and maintained confidentially. If you answer yes to any of the questions below, Washington and Lee University strongly recommends that you consult your physician before participating.***

Question:	**Response (Circle)**
1. Do you have any heart conditions?	Yes No
2. Do you have high blood pressure?	Yes No
3. Do you have any allergies (food, bees, insects, medications)?	Yes No
If yes, please explain_____	
4. Do you have any other pre-existing medical conditions that might limit your safe participation or be exacerbated by participation?	Yes No
If yes, please explain_____	
_____	
5. Are you currently taking any prescription or non-prescription medication that might impact your safe participation (or that staff should be aware of for your safety)?	Yes No
If yes, please identify the medication(s) and the impact_____	
_____	
6. Do you have any functional limitations from any current or prior medical condition(s) or prior surgery that would prevent or restrict your participation in the course, with or without reasonable accommodation?	Yes No

If yes, please explain_____

_____

7. Describe your current level of physical activity and indicate whether you foresee any problems participating fully in the course activity due to a lack of physical exercise_____

_____

8. Do you feel any pressure or coercion from others to participate? Yes No

9. In case of injury or other emergency, please contact:

   Name:_____ Relationship:_____

   Daytime phone:_____ Evening phone:_____

10. Medical Insurance Carrier and Policy Number_____

_____

I realize that failure to answer this form honestly and completely could affect my own safety as well as that of others and I affirm that the information I have provided is complete and accurate.

Participant Signature:_____ Date_____

Signature of Parent or Guardian (if Participant is under age 18)

_____ Date_____