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phone: 905.304.5683
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Medical Screening & Health Information Form

We ask participants to provide accurate health and medical information because of the moderate to vigorous physical intensity of our programs. Activities may include hiking 600 m (one way) from activity to activity up and down steep slopes on uneven terrain, balancing and moving on boards and cables, using arms and legs to climb 30 feet or more in the air, hanging in a harness, and prolonged standing. Outdoor activities occur in most weather conditions. Additionally, feeling stressed may increase perceived level of exertion and accelerate fatigue.

Please complete all sections

BASIC INFORMATION

Name of Participant:	Date of Birth:
Name of Group:	Date(s) of Program:

CONTACT INFORMATION *(Participants over 18 years of age or Parent/Guardian for minors)*

Evening phone:		Daytime phone:	
Email:			

MEDICAL SCREENING

*Participants with some underlying medical conditions may put themselves at greater risk of injury or illness during certain activities. Please read the questions carefully and answer each one honestly. **Check all the boxes that apply to you:***

- Diagnosed Heart Condition
AND have been advised to only do physical activity that is recommended by your physician
- Pregnancy
- AtlantoAxial Instability
- Kidney or Liver Transplant
- Experience chest pain when doing physical activity
- Have experienced chest pain in the past month when NOT doing physical activity
- Have a bone or joint problem that could be made worse by physical activity
- Have been advised by a physician to limit physical activity for any reason
- Concussion – not yet fully returned to unrestricted physical activity

Speak with your doctor if you checked any of the above conditions. Tell your doctor about which condition(s) you checked and the types of physical activities included in a challenge course program. When there is some concern about the ability to participate for health reasons, a medical examination by a physician may be advisable. Adventureworks! is not liable for any costs incurred during such an examination.

HEALTH INFORMATION

Please check if you have any of the following conditions:

- Asthma (Remember to bring inhalers as required)
- Seizures
- Diabetes
- Allergies – complete below... (Remember to bring epi-pen(s) as required)

<i>What is the allergy to:</i>	<i>What is the reaction:</i>	<i>What is the treatment:</i>

DIETARY RESTRICTIONS

List foods you cannot eat:

ACCESSIBILITY FOR PERSONS WITH DISABILITIES

Adventureworks! Associates, Inc. is committed to accessibility for persons with disabilities. We have specialty harnesses, pulley systems, and life safety equipment. Some buildings and washrooms are accessible.

- I will likely require some accommodations to fully participate

What accommodations would be helpful to you?

Please contact us as soon as possible in advance of the event if you have any particular accommodation requirements (info@adventureworks.org (877) 311-5683).

EMERGENCY CONTACT

Name of Emergency Contact:			
Relationship:			
Home Phone:		Cell Phone:	

Privacy Policy is available at www.adventureworks.org

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Assumption of Risk and Responsibility Form

Adventureworks! programs can utilize activities which require a high level of physical activity. As a participant, you may be involved in activities such as: cooperative games, trust exercises, group initiative tasks, low and high ropes course, and rock climbing. Adventureworks! utilizes an "I-Opt" design philosophy in all of its programs. This means that Adventureworks! staff will provide a variety of mentally and physically challenging activities and that you will be empowered to make choices about your own level of involvement. Adventureworks is committed to ensuring your safety at all times. Our staff will provide you with safe instruction, high quality equipment, and appropriate supervision for all activities. You must do your part by following all safety policies and procedures that are outlined during the course of the program. In order to protect you from harm you will be spotted in all "low ropes" activities, and protected by a "belay" system while involved in all high ropes and rock climbing activities.

Participant Name: _____ **Group Name:** _____

Adult Participant OR Parent/Guardian if under 18 must read and initial all of the following statements:

Adult Participant
OR
Parent/Guardian Initials

- ____ Participant agrees to NOT use any substances (alcohol, cannabis, illegal drugs, etc.) that impair judgement at any time during an Adventureworks! program.
- ____ Participant accepts the fact that neither Adventureworks! nor its staff can guarantee their total safety because some risks are beyond their control.
- ____ Participant agrees to follow all instructions given by the staff and to act safely and responsibly at all times.
- ____ Participant is sufficiently fit (socially, mentally, physically) to participate in this program.
- ____ The information on the participant's Health & Safety Form is accurate, complete and true to the best of my knowledge.
- ____ Participant agrees to notify Adventureworks! of changes to their health and fitness that occur during the program.
- ____ Participant fully comprehends and willingly assumes the risks and responsibilities of participation in this program.

I have read the above information and agree to the terms of the Assumption of Risk and Responsibility.

ADULT PARTICIPANT Signature
OR

PARENT/GUARDIAN (if under 18): _____ DATE: _____

I certify that I have reviewed these statements with my child and they understand the importance of acting in accordance with them.

PARENT/GUARDIAN Signature (if under 18): _____ DATE: _____

Photo Release: Occasionally Adventureworks! will take photos for use in promotional materials.

Adult Participant
OR
Parent/Guardian Initials

____ I give permission for photographs or videotapes of me (or my child) to be used by Adventureworks! for promotional purposes.