



HEALTH FORM

DISCLOSURE

Landmark programs involve a variety of activities including warm-ups, games, group initiative problems, low ropes elements and hands on application of CPR/first aid training. Some programs may also include other rigorous physical adventure activities such as backpacking, climbing, caving, paddling, swiftwater rescue, swimming, or hiking. These activities are designed to be within the limits of a person who is in reasonable good health. The level of participation in all programs and activities is at all times completely up to the individual.

Safety is a high priority in all programs. In addition, each participant must assume the risk that he or she may suffer an emotional or physical injury and disability. Each participant must have health/accident insurance coverage. The information requested on this form is intended to help alert staff to pre-existing medical conditions. This information will be held in confidence. Please complete the form below and bring it with you on the day of your scheduled program.

GENERAL & MEDICAL INFORMATION

Name _____ Date of Birth _____

Do you have health/medical insurance?..... no yes

Name & Address of Company:

Do you have any limiting physical or health disabilities - temporary or permanent - that you or your doctor feel would limit your participation in a Landmark activity?.....no yes

Do you have any chronic or recurring injuries?.....no yes

Are you currently taking any medication?.....no yes

Do you have any allergies or reactions to any medications, plants, or insects?.....no yes

Have you had surgery in the past year for any condition which may limit your participation?.....no yes

Do you have asthma?.....no yes

Do you have diabetes?.....no yes

If yes to any of the above, please explain/describe:

Are you pregnant?..... no yes

Do you have or do you have a history of:

- | | |
|---------------------------|---|
| _____ high blood pressure | _____ currently on medication for high blood pressure |
| _____ heart palpitations | _____ chest pain or pressure |
| _____ heart attack | _____ heart disease |
| | _____ stroke |
| | _____ heart murmur |

If yes to any of the above, please explain/describe:

Please list any other concerns or conditions that may affect your participation:

We strongly recommend that you consult your physician or midwife if you are pregnant or have checked off any of the conditions above before participation in Landmark activities.

EMERGENCY CONTACT INFORMATION

Person: _____ Relationship to you: _____

Address: _____

Phone Numbers: _____ Email: _____

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