

**OUTDOOR WILDERNESS LEARNING CENTER  
HEALTH STATEMENT**

The proposed activity provided by the Outdoor Wilderness Learning Center, including participation in challenge course activities, requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions, which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

Name	
Phone Number	
Age	
Emergency Contact's name and relationship to you	
Emergency Contact's phone number	

Health History (please mark an X in the appropriate column)	YES	NO
Have you had or do you currently have any heart related problems?		
Do you often feel faint or have spells of severe dizziness?		
Has a doctor ever told you that you have high blood pressure?		
Do you have arthritis, joint, or back problems that are aggravated by exercise?		
Have you had any operations or serious injuries in the past year?		
Do you have any disabilities or chronic recurring illness or communicable diseases?		
Are there any activities that have been discouraged by your physician?		
Are you allergic to any medications, insects, or pollen?		
Do you have Epilepsy?		
Do you have Diabetes?		
Do you have any food allergies or dietary restrictions?		
Are you sick or recovering from an illness?		
Are you currently on any medication that may affect your performance while on course?		
Do you have medical insurance? If so, where is your insurance card located?		

General Health Statement:

**REPRESENTATION AND EMERGENCY AUTHORIZATION**

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in the challenge course activities. I hereby give my permission to the medical personnel selected by the staff of the Outdoor Wilderness Learning Center (O.W.L. Center) to order injection and / or anesthesia and / or surgery for me. Such authorization for emergency treatment shall also include, but not be limited to, charges incurred for the providing of aid and arranging evacuation if the staff of the O.W.L. Center determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide by any restrictions placed on my activities.

Name of Applicant / Participant \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Applicant (eighteen years of age and older)

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian (if under eighteen years of age)

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Witness