

**TOWN OF LAFAYETTE
CHALLENGE ROPES COURSE (CRCTLF)
MEDICAL DISCLOSURE/HEALTH FORM**

We require that this form be filled out in full.

Name: _____ Date: _____

Address: _____ Phone: _____

City/State/Zip _____

Gender: _____ Date of Birth: _____

Height: _____ Weight: _____

In Case of Emergency, please notify:

Name: _____ Relationship: _____

Phone #: _____

Physicians Name and Phone #: _____

Medical Policy and Policy #: _____

1. Do you smoke? Yes _____ No _____ # of packs per day _____

2. Do you wear glasses or contacts? Yes _____ No _____

3. Are you currently under a physicians care? Yes _____ No _____

Please explain: _____

4. Are you currently taking medication? Yes _____ No _____

5. Do you have any allergies? Yes _____ No _____

Please explain: _____

6. Do you require special assistance of any type? Yes _____ No _____

7. Have you had a recent injury, illness, or operation? Yes _____ No _____

Please explain _____

8. Do you have any diabetes, seizures, frequent fainting/dizziness?

Yes _____ No _____

Please explain _____

9. Do you have any neck, back, or shoulder pain or injury?
Yes _____ No _____
Please explain _____

10. Do you have a history of heart problems or high blood pressure?
Yes _____ No _____
If you checked yes, please note the following:

Participants with a history of heart problems and/or high blood pressure are at risk while participating on The Town of LaFayette's Challenge Ropes Course (CRCTLF) due to the emotional and physical demands involved. Whereas heart attacks and fatalities have occurred in situations where individuals with preexisting heart/high blood pressure conditions have participated in other rope course activities, the CRCTLF cannot guarantee your physical safety should you choose to participate. The CRCTLF asks that all participants answering YES to question # 10 acquire a written approval from their physician before participation.

11. For General Information Regarding Pregnancy, please note the following:

The activities involved in the Challenge Ropes Course of the Town of LaFayette (CRCTLF) participation often involve twisting, turning, lifting, supporting body weights, unexpected physical contact, potential falling from various heights, and waist harness usage. By participating in these activities while pregnant, you will be putting yourself and your unborn child at risk and in potentially dangerous situations. Should you decide to participate, the CRCTLF cannot guarantee the safety of you or your unborn child. If you are pregnant and wish to participate, the CRCTLF asks that you attain a physicians written approval.

I have read the Challenge Ropes Course of the Town of LaFayette's Health Form and fully understand them without question. The information I provided is accurate of the best of my knowledge.

Participants Signature: _____ Date: _____