

Medical Release Form

Name: _____
(First Name) (Middle Initial) (Last Name)

Address: _____
City: _____ State: _____ Zip: _____

Telephone: Home: (____) _____ Work: (____) _____

Name of personal physician: _____
Phone: (____) _____

In case of emergency contact: _____
Phone: (____) _____

Age: _____ Height: _____ Weight: _____ Sex: __M __F

ILLNESSES OR INJURIES (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Chronic or Recurring Illness | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Heart Attack (and date) |
| <input type="checkbox"/> Epilepsy | _____ |

Other _____

Are there any other medical conditions that we should be aware of?

CONSENT:

I am not under the influence of any chemical substance including alcohol. I understand that any physical activity involves a risk of injury. I understand that my participation in the Salem Ropes Challenge Course is entirely voluntary. I release the Youth With A Mission, Salem Ropes, and its staff from any claims or liability arising out of my participation. This release does not, however apply to any harm caused by negligence or willful misconduct of Youth With A Mission, Salem Ropes, or its staff.

Signature

Date

Signature of Parent or Guardian if Participant is under the age of 18

Signature

Date