



Program Date(s) \_\_\_\_\_

**Medical Information**

There are certain inherit risks that may be involved with participation in this program. At Valley Accessible Adventure, every precaution is taken to ensure the safety of every individual involved. However, everyone has limitations that may affect participation in certain activities. We ask that you answer the following questions so that we can be aware of existing physical conditions. In case of emergencies, it provides us with accurate information about you so that we provide/seek appropriate treatment. This information is considered highly confidential and will not become public without your consent.

Name:				Company/School/Organization:			
Address:							
City:			State:			Zip:	
Phone:			Date of Birth			Under 18?	Yes No

Please check all that apply:

Diabetes	Asthma
Heart Disease	High Blood Pressure
Convulsive Disorders	Currently Pregnant

Other conditions which may affect your participation in this activity. If so, what?	
Allergies (Poison ivy, bee stings, peanuts, medications, etc.) to:	
Back or joint problems. If so, what?	
Currently taking medication. Type?	
Under the care of physician. For what?	
Current medical insurance. Company name:	

Emergency Contact:  
  
Relationship:

Phone 1:  
  
Phone 2:

I **DO** grant consent for Valley Healthcare to use any images of me for the purpose of web production and marketing materials. (print or digital format)

### Acknowledgement of Risks

I am aware and understand that participating in Valley Accessible Adventure's Challenge Course involves a potential risk of physical injury and I understand that the programs are physically demanding and potentially dangerous. I agree and hereby state that I am solely responsible for my own participation and for my own physical and emotional well-being. I am aware and understand that all of the program activities are strictly voluntary and it is my own choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and medical condition. I agree to follow the rules and safety procedures established for the activities, and to obey the orders of the Valley Accessible Adventure staff supervising these activities. I further state that, in choosing to participate, I am not under the influence of any chemical substance including alcohol. I willingly and knowingly assume for myself, my heirs, family members, executors, administrators and assigns all risks of physical injury and emotional upset which may occur during or after participating in any aspect of the program and hereby agree to hold Valley Accessible Adventure its employees, instructors, facilitators, and agents harmless for any liability arising out of my participation in the program. I further agree to hold harmless Valley Accessible Adventure, for responsibility for any accidents, which may occur during this program, including, but not limited to:

1. All manner of injury resulting from falling off the ropes course, hitting the ground or floor, rope abrasions, entanglement, and other injuries resulting from activities on or near the challenge course.
2. Injuries resulting from falling climbers or dropped items, such as, but not limited to ropes or climbing hardware.
3. Cuts and abrasions resulting from contact with ropes, other climbers, equipment, and/or the facility in general.
4. Failure of ropes, slings, harnesses, climbing hardware, anchor points, and or/any other equipment utilized by the Company whether or not supplied by the Company.
5. Incidental injuries resulting from tripping or stumbling while participating in games, ice breakers, warm ups, and related activities.

Participant Signature:		Date:	
Parent/Guardian Signature: (if participant is under 18 years of age)			
Print Parent Name:		Date:	
Parent/Guardian Signature:			