

Wheeler School Ropes Course

216 Hope Street
Providence, RI 02906-2246
401-528-2100 Phone
Fax 508-336-9136

Participant Information Form

PARTICIPANT INFORMATION:

1. Name _____ Date of Birth _____

2. Are you currently taking medication (prescribed or otherwise: e.g. cold medication)?
___ Yes ___ No If yes, please list medication and what it is for

3. Do you have any allergies, reactions to medications, or any other medical limitations?
___ Yes ___ No If yes, please explain:

4. Do you have any limiting physical disabilities or handicaps (temporary or permanent)?
___ Yes ___ No If yes, please explain:

5. Do you have or have you had any history of: YES NO

- Heart Disease
- Diabetes
- High Blood Pressure
- High Blood Cholesterol
- Seizures
- Fainting or Dizziness
- Asthma

If yes, please explain:

6. Have you used cigarettes or tobacco products? ___ Yes ___ No
If Yes, please answer the following questions.
of Packs per day _____ How long used _____ Date Quit _____

8. Please describe your exercise routine and general level of fitness:

Check the appropriate box:

I exercise vigorously (brisk walk pace or faster):

- Once a week, on average for twenty minutes.
- Three times or more, a week, on average for 20 minutes or more each time.
- I do not exercise regularly.
- Other/Explain: _____

(over)

PARTICIPATION AGREEMENT:

▶ I understand that parts of the Wheeler School Ropes program may be physically and emotionally demanding. I affirm that my health is good, and that I am under a physician's care for any undisclosed conditions that bear upon my fitness and/or ability to participate in these adventure activities. I understand that each participant must assume the risk of physical injury that would result from any of these activities. I release the Wheeler School, its staff members and the Board of Directors from all liability for any injury to me from participation in these activities.

▶ I authorize the Wheeler School Ropes course facilitator or its affiliates to have, use, publish and reproduce photographs, slides, moving pictures or video tapes of me/my child for its records or publication efforts.

▶ I grant permission for the Wheeler School Ropes course facilitator, or its authorized representatives, to furnish medical care to me or _____ (child/children) as the situation may warrant, including examination, treatments, etc. In the event of serious illness or injury, requiring hospitalization and/or surgery, the Ropes Course Manager will use all reasonable means to contact me. The Wheeler School is not responsible for any debt incurred while medically caring for a participant.

▶ The Wheeler School Ropes Course program involves a variety of activities that include warm ups, games, group initiative, and low and high elements. The level of participation in the program activity is at all times completely up to the individual's choice. I recognize that there are inherent risks associated with participation in the ropes course program.

If an emergency occurs and you are unable to reach me, please contact:

Name _____ **Relationship:** _____

Address: _____

Daytime Phone Number: _____

Participant's Signature (if at least 18 years old) _____ Date _____

Parent or Guardian's Signature (if under 18) _____ Date _____