

ALPINE TOWERS INTERNATIONAL, INC.
HEALTH DISCLOSURE FORM

Your Name _____
Please print

Age _____

Please read: This form is intended to remind staff and participants of the seriousness of attempting adventure activities with a pre-existing medical condition. This information is to be confidential.

Question

Response

- | | | |
|---|-----|----|
| 1. Any pre-existing medical conditions?
If yes, please explain: _____ | Yes | No |
| 2. Are you currently taking any prescription or non-prescription medication?
If yes, what are they and what are they for? _____ | Yes | No |
| 3. Do you have any heart conditions? | Yes | No |
| 4. Do you have high blood pressure? | Yes | No |
| 5. Do you have any allergies (food, bees, insects, or medicines)?
If so, please explain: _____ | Yes | No |
| 6. Do you foresee any problems participating in the upcoming Alpine
Tower activity due to a lack of physical exercise back home?
If yes, please explain: _____ | Yes | No |
| 7. Do you feel any pressure or coercion from employer or others to participate? | Yes | No |
| 8. Do you have a disability?
If yes, please indicate the functional implications and any concerns about
participation related to the disability. _____
_____ | Yes | No |
| 9. Describe your current level of physical activity: _____
_____ | | |

In case of emergency, contact: _____ Phone _____
Medical insurance (company and policy number) _____

Participant - please read and sign

I have honestly disclosed to the staff any medical, psychological, or personal information relating to my health. I will remember that a Challenge by Choice© atmosphere exists at all times, and I should not feel pressured to participate.

Signature

Date

Parent's Signature if under age 18

Date