



HEALTH

HISTORY

NAME _____ DATE _____

EMAIL ADDRESS _____ PHONE 1 _____

INSURANCE COMPANY _____

HEALTH HISTORY (Circle the appropriate answers and describe YES answers)

HAVE YOU OR DO YOU CURRENTLY HAVE ANY HEART PROBLEMS Y/N

PRE-EXISTING INJURIES (ANKLE, KNEE, BACK, NECK ETC.) Y/N

ARE YOU CURRENTLY ON ANY MEDICATION Y/N

DO YOU HAVE HIGH BLOOD PRESSURE Y/N

DO YOU HAVE ALLERGIES Y/N

DO YOU HAVE PHYSICAL LIMITATIONS Y/N

CURRENT LEVEL OF ACTIVITY LOW MED HIGH

HAVE YOU EVER HAD A PANIC ATTACK Y/N

DO YOU HAVE BODY PIERCINGS (Piercings should be removed) Y/N

ARE YOU PREGNANT Y/N

DO YOU HAVE ASTHMA Y/N

DO YOU HAVE DIABETES Y/N

DO YOU HAVE SEIZURES Y/N

IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS PLEASE ELABORATE BELOW:

REPRESENTATION AND EMERGENCY AUTHORIZATION:

This health history is correct so far as I know, and I believe my health is satisfactory for participation in challenge course activities. I also agree to allow my picture or my image to be used by White Oak Ziplines.

I hereby give my permission to the medical personnel selected by White Oak Ziplines to order injection and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall include, but not limit, charges incurred for the providing for the cost of aid and evacuation if White Oak Ziplines, or its agents, determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the cost of any specialized means of evacuation and of medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree by any restrictions placed on my activities.

*Participant understands that White Oak Ziplines cannot control the weather and takes no responsibility for the weather related accidents. Participant understands they must be in good health, no recent surgeries/procedures, and CANNOT be pregnant. There are some stairs to climb and some walking involved that participants must do on their own. Participant must be a minimum of 80LBS and a Maximum of 270LBS. Guides retain the right to refuse service to any participant who cannot pass the instruction and physical activity at ground school.

Print Name

Signature of Participant Date

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name)
(Minor) being permitted by Company to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Company from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian Signature Date

Print Name