EDGEWORKS CLIMBING, INC. CONSENT FORM AND MEDICAL INFORMATION FOR OUTDOOR PROGRAMS

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Last Name			First Name	MI	Date of Birth
Date of Course(s)		Description of Course(s)			
<i>INTRODUCTION</i> IMPORTANT: A completed	Edgework	ks Climbing, Inc. <i>Wai</i>	iver and Release of Liability & Assumpt	ion of I	Risks must be on file.
	participan	its are used to. Rele	ur ability. The activities you will particievant medical concerns need to be kr your doctor.		
MEDICAL CARE AND IN You are responsible for any			be covered by your own sickness and	accide	ent insurance.
I, Edgeworks Climbing, Inc. unconsciousness, disorient	("Edgewo	rks") and its agents,	nospital care, medical or surgical diagn if I am not able at that time to give /.	osis or my w	first aid activities with ritten consent to due
□ Yes □ No Are you co	overed by	hospitalization and m	nedical care insurance?		
event of an injury or eme	orks Climb ergency. N led guide(Medical and health i	to evaluate medical conditions. This nformation is stored securely and wi an emergency, the attending medical s	ill only	
·		ood □ Fair □ Out o	of Shape Height/Weight:		Age:
<u>History</u> Do you have a history of ar					v
1) Asthma	☐ Yes	□ No			
2) Anaphylaxis/Allergies	☐ Yes	□ No			
3) Diabetes	☐ Yes	□ No			
4) Heart Disease	☐ Yes	□ No			
5) Seizures	☐ Yes	□ No			
If the answer was YES to a	ny of the a	above 5 conditions th	en please answer the following:		
If allergies, what are you	allergic to	?			
What type of signs/sympt	toms/react	tion occurs?			
How long have you had it	t?		How well is it under control?		
What medication(s) do yo	ou take to	control the conditions	s listed above?		
			and if so, will you have	it with	you? □ Yes □ No
Please let vour	auido ka	ow what the signs o	and symptoms are if you fail to take y	VOUE P	nedication

as well as where they will be located.

6102 North 9th Street, Suite 200, Tacoma, Washington 98406 Phone: 253-564-4899 • www.edgeworksclimbing.com

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HEALTH QUESTIONNAIRE (CONTINUED)

Musculoskeletal Injuries

Do you have any musculoskeletal injuries (such as a disk joint replacement) that might affect your ability to participa		and/or related surgeries (such as a
☐ Yes ☐ No If yes, please describe:		
Vision / Hearing Do you have any problems with vision or hearing?		
☐ Yes ☐ No If yes, please describe:		
Other Do you have any other medical or physical condition that have registered for without being a danger to yourself or		y participate in the climb or course you
☐ Yes ☐ No If yes, please describe:		
IN CASE OF EMERGENCY, PLEASE NOTIFY:		
Emergency Contact Name	Emergency Contact Relation	Emergency Contact Phone
CONSENT The undersigned, and parent or guardian in the case the in Edgeworks activities. Consent is hereby given to permission is further given for emergency anesthesia, necessary. The information provided above is a comple my participation on an Edgeworks trip or activity. I reali myself and my fellow participants, and I agree to indem disclosed. I also agree to notify Edgeworks should there is	participate in Edgeworks action operation, hospitalization or te and accurate statement of ize that failure to disclose sunify and hold harmless Edge	ivities and attend an Edgeworks trip. other treatment which might become the physical factors which may affect ch information could result in harm to eworks if all relevant information is not
Participant Signature (14 years and older must sign) Date	Print Name Here	Received by: Staff Initials
Parent(s) or Court-Appointed Legal Guardian(s) mus of age) and agree that they and the minor are subject		
Parent Signature (or Court-Appointed Legal Guardian,) Date	Print name here