

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

Last Name	First Name	MI	Date of Birth
Date of Course(s)	Description of Course(s)		

INTRODUCTION

IMPORTANT: A completed Edgeworks Climbing, Inc. *Waiver and Release of Liability & Assumption of Risks* must be on file.

Please answer the following questions to the best of your ability. The activities you will participate in often are a different physical nature than most participants are used to. Relevant medical concerns need to be known. If you have questions regarding your participation, you should discuss them with your doctor.

MEDICAL CARE AND INURANCE

You are responsible for any medical expenses and should be covered by your own sickness and accident insurance.

I, _____, hereby consent to any hospital care, medical or surgical diagnosis or first aid activities with Edgeworks Climbing, Inc. ("Edgeworks") and its agents, if I am not able at that time to give my written consent to due unconsciousness, disorientation or other mental incapacity.

Yes No Are you covered by hospitalization and medical care insurance?

HEALTH QUESTIONNAIRE

The employees of Edgeworks Climbing are not qualified to evaluate medical conditions. This information is for use in the event of an injury or emergency. Medical and health information is stored securely and will only be viewed by office managers, owners, scheduled guide(s) or, in the event of an emergency, the attending medical staff.

List sports, outdoor activities, etc: _____

Physical Condition: Excellent Good Fair Out of Shape Height/Weight: _____ Age: _____

History

Do you have a history of any of the following:

- 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 any of the above 5 conditions then please answer the following:

If allergies, what are you allergic to? _____

What type of signs/symptoms/reaction occurs? _____

How long have you had it? _____ How well is it under control? _____

What medication(s) do you take to control the conditions listed above? _____

_____ and if so, will you have it with you? Yes No

Please let your guide know what the signs and symptoms are if you fail to take your medication, as well as where they will be located.



