

MOSEY Challenge Course

Assumption of Risk / Health Record

MOSEY Outdoor Adventure Society

(316) 687-2530 www.mosey.net

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Group Name:			
Name of Participant:	Age:	Gender:	
Participant's Address:	City:	State:	Zip:
Contact Person in Emergency:	Phone:		

MOSEY activities may require participation in exercises which are by their nature physically demanding. These activities will challenge you, and may cause surges in blood pressure and pulse rates. It's imperative that you are free of any heart related or other diseases.

HEART-RELATED INFORMATION (If you check "yes", please explain in the space provide or attach related/pertinent information/paperwork)	
1. Have you had or do you currently have any heart problem? <input type="checkbox"/> yes <input type="checkbox"/> no	4. Do you often feel faint or have spells of severe dizziness? <input type="checkbox"/> yes <input type="checkbox"/> no
2. Do you frequently suffer from pains in your chest? <input type="checkbox"/> yes <input type="checkbox"/> no	5. Are you a smoker? <input type="checkbox"/> yes <input type="checkbox"/> no
3. Has a doctor ever told you that you have high blood pressure? <input type="checkbox"/> yes <input type="checkbox"/> no	NOTE: If you have had any heart-related problems you will need to have a release from a physician in order to go through a high elements training.)
OTHER HEALTH INFORMATION (If you check "yes", please explain in the space provide or attach related/pertinent information/paperwork)	
6. Have you had any operations or serious injuries? <input type="checkbox"/> yes <input type="checkbox"/> no When?	11. Are there any activities to be limited/discouraged by physician's advice? <input type="checkbox"/> yes <input type="checkbox"/> no
7. Do you have arthritis, joint, or back problems that might be aggravated by exercise? <input type="checkbox"/> yes <input type="checkbox"/> no	12. Are you allergic to any medicines, insects or pollen? <input type="checkbox"/> yes <input type="checkbox"/> no
8. Do you have Epilepsy? <input type="checkbox"/> yes <input type="checkbox"/> no	13. Are you currently sick and/or using a medication that's not listed above? <input type="checkbox"/> yes <input type="checkbox"/> no
9. Do you have Diabetes? <input type="checkbox"/> yes <input type="checkbox"/> no	14. Do you have any disabilities or chronic recurring illness? <input type="checkbox"/> yes <input type="checkbox"/> no
10. Do you have any prescribed meal plan or dietary restrictions? <input type="checkbox"/> yes <input type="checkbox"/> no	* 15. MOSEY has permission to use photographs of participant in future publications. <input type="checkbox"/> yes <input type="checkbox"/> no

I _____ (name of participant) am aware that during my participation at the **MOSEY Challenge Course** certain risks and danger may occur. These include, but may not be limited to the hazards of being in a rural area, the forces of nature, and other reasons because of the content of this program. In consideration of these activities, a special environment, I have and do hereby assume all risks and will hold **MOSEY** harmless from any and all liability, actions, cause of action, debts, claims, and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my participation in any other activities arranged for me by the **MOSEY Outdoor Adventure Society**. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for my heirs, executors and administrators and for all members of my family. In case of accident or illness, the **MOSEY Outdoor Adventure Society** will attempt to provide first aid and arrange transportation to medical services if needed. Cost of medical care beyond aid is the financial responsibility of the ill or injured person. I assume full responsibility for my health being such that the activities will in no way aggravate any conditions present. If in doubt, medical advice will be sought and followed. The **MOSEY Outdoor Adventure Society** will be notified of any changes in participant's health status prior to the activity/trip departure. I declare the statements on this form to be true.

(signature of participant)

(date)

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

In consideration of _____ (print minor's name-hereafter referred to as "Minor") being permitted by the **MOSEY Outdoor Adventure Society** to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless the **MOSEY Outdoor Adventure Society** 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. I assume full responsibility for Minor's health being such that the activities will in no way aggravate any conditions present. The **MOSEY Outdoor Adventure Society** will be notified of any changes in Minor's health status prior to the activity / trip departure. I declare the statements on this form to be true.

(signature of parent or guardian)

(date)