

2007 Challenge Course Release Form

North Texas District Health Statement

The proposed activity provided by North Texas District Assembly of God, requires participation in physical exercises that are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions that might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

Name: _____	Birth Date: _____
Address: _____	Gender: _____
City, St, Zip: _____	Age: _____
Work Phone: _____	Social Security #: _____
Name of Physician: _____	Date of last physical exam: _____
In an emergency notify: _____	
Home Address: _____	Work Phone: _____
City, St, Zip: _____	Home Phone: _____

Health History: (Circle the appropriate answer and describe any **YES** answers)

Have you had or do you currently have any heart problems (dates): _____ Yes No

Do you frequently suffer from pains in your chest: _____ Yes No

Do you often feel faint or have spells of severe dizziness: _____ Yes No

Has a doctor ever told you that you have high blood pressure: _____ Yes 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.)

Do you have arthritis joint or back problems that might be aggravated by exercise? _____ Yes No

Have you had any operations or serious injuries (dates): _____ Yes No

Do you have any disabilities or chronic recurring illness: _____ Yes No

Are there any activities to be limited / discouraged by physicians advice: _____ Yes No

Are you allergic to any medicines, insects, or pollen: _____ Yes No

Do you have Epilepsy: _____ Yes No

Do you have Diabetes: _____ Yes No

Do you have any prescribed meal plan or dietary restrictions? _____ Yes No

Are you currently sick and / or using a medication that's not listed above: _____ Yes No

Do you carry family medical / hospital: _____ Yes No

Carrier: _____ Policy Number: _____

Suggestions or health related information for North Texas District personnel:

General Health Statement: _____

Representation and Emergency Authorization

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in challenger course activities.

I hereby give permission to the medical personnel selected by the North Texas District to order injection and / or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include, but not be limited to, charges incurred for the providing of aid and arranging evacuation if North Texas District, 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 any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide by any restrictions placed on my activities.

Signature of Participant: _____	Date: _____
Parent(s) Signature: _____	Date: _____
Witness: _____	Date: _____