



# CHALLENGE PROGRAM-ROPES COURSE MEDICAL RELEASE FORM

## MUST BE COMPLETED PRIOR TO PARTICIPATION

This form must be reviewed, verified and approved by the participant's parent or guardian if participant is under 18 years of age.



Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: M\_\_/D\_\_/Y\_\_

Group or Company: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Policy#, phone and contact: \_\_\_\_\_

Will you be taking medication prior or during participation in this program? If yes, what, why and how often? Do you have these medications with you, where are they located?

List known allergies: \_\_\_\_\_

Do you carry an emergency dose of epinephrine to treat potential allergic reactions (e.g., epi pen)?  
Yes or No (circle one)

If you have any of the following conditions, please elaborate in the space provided or additional space if necessary, and advise your physician that you are participating in this program. You agree to and are required to advise us of any limitations in which this physician, or any other physician, has placed on your participation in this program or in any other physical activities.

### CIRCLE ALL CONDITIONS THAT CURRENTLY DESCRIBES OR HAVE EVER DESCRIBED YOU:

- |                       |                  |                     |                          |                    |
|-----------------------|------------------|---------------------|--------------------------|--------------------|
| Angina Pectoris       | Cancer           | High Blood Pressure | Any Joint Problem        | Cardiac Surgery    |
| Irregular Heart Beats | Asthma           | Chest Pain/Pressure | Palpitations             | Back Problems      |
| Chronic Illness       | Pregnant Now     | Hip Problems        | Congestive Heart Failure | Seizures           |
| Knee Problems         | Diabetes         | Shortness of Breath | Shoulder Problems        | Frequent Headaches |
| Stroke                | Black-Out Spells | Heart Attack        | Thrombophlebitis         | Bleeding Disorder  |
| Heart Murmur          | Wolf Parkinson   | Broken Bones        | HIV Positive             | Heart Condition    |

Any other medical condition not listed above: \_\_\_\_\_

Regarding circled items above, describe in detail with dates and restrictions, if any:  
(use back of waiver and release form).

Do you wear a Medical Alert Bracelet? If so, for what condition?

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Do you wear a support brace? If so what is it, and is it with you?

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List any hospitalization for disease or surgery including the date, problem and length of stay:

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Last diphtheria/tetanus shot: M\_\_/D\_\_/Y\_\_

Smoking frequency (circle one): Never Ex-Smoker 1pk/day 2pk/day Pipe/cigar

Describe your current exercise activity and level: Include: Frequency, Duration, and Intensity:

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Other conditions or background injuries which you or your doctor have indicated might be relevant to physical activity:

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**The information I have provided here is a complete and accurate statement of the physical factors which may affect my health and participation in the University of Arizona Challenge Program(UACP). I realize failure to disclose information could result in serious harm to myself and fellow participants. I agree to hold the State of Arizona, the Arizona Board of Regents, the University of Arizona, Department of Campus Recreation, UACP, and their employees and agents harmless from claims, injuries or damages to me. In case of emergency, this consent also authorizes the release of this form and all medical and accident report forms to doctors, hospitals, insurance companies, my employer, or other persons or entities deemed appropriate by UACP.**

Print your full name: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian must sign if you are under 18)

**-PLEASE DO NOT WRITE BELOW THIS LINE-**

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Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Limitations on certain elements:

9.13.04 JL/MM