

CAVEMAN ZIPLINE HEALTH STATEMENT

The proposed activity provided by **Caveman Zipline, LLC** requires participation in physical exercises which 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 or any other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any other 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, STATE, ZIP: _____ AGE: _____

IN CASE OF EMERGENCY NOTIFY: _____ PHONE: _____

HEALTH HISTORY: (Circle the appropriate answers and describe any YES answers.)

CIRCLE

YES OR NO

| | | |
|--|-----|----|
| HAVE YOU 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 |
| ARE YOU PREGNANT OR THINK YOU POSSIBLY COULD BE PREGNANT? | Yes | No |
| 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 A BELLY BUTTON PIERCING? (must be removed) | Yes | No |
| DO YOU HAVE 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 OR INSECTS: | Yes | No |
| DO YOU HAVE EPILEPSY? | Yes | No |
| DO YOU HAVE DIABETES? | Yes | No |
| HAVE YOU EVER HAD A PANIC ATTACK OR SUFFER FROM ANY TYPE OF MENTAL DISORDER? | Yes | No |
| ARE YOU CURRENTLY SICK AND/OR USING A MEDICATION THAT'S NOT LISTED ABOVE? | Yes | No |
| DO YOU CARRY FAMILY MEDICAL/HOSPITAL INSURANCE? | Yes | No |
| CARRIER(if available): _____ POLICY NUMBER(if available): _____ | | |
| 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 challenge course activities. I also agree to allow my picture or my image to be used by **Caveman Zipline, LLC**.*

*I hereby give permission to the medical personnel selected by **Caveman Zipline, LLC** to order injection and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall include, but not limited to, charges incurred for the providing of aid and arranging evacuation if **Caveman Zipline LLC**, or its agents, determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the costs 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 by any restrictions placed on my activities.*

Participant understands that **Caveman Zipline, LLC cannot control weather and takes no responsibility for weather related accidents.*

Participant understands they must be in good health, no recent surgeries-procedures, and CANNOT be pregnant. There are 150 stairs on the course that the participant must be able to climb on their own. Participant cannot exceed 270 pounds. Participant agrees not to go upside down on course and not to let go of yellow lanyard unless braking or self-rescuing (guide instructed releases). Guides retain the right to refuse service to any participant who cannot pass the instructions and physical activity at the training school.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

ZIPLINE GUIDE: _____ DATE: _____