

**BEAR**  
**Ropes Challenge Course**  
**Health Disclosure Form**

Our program involves a variety of activities that often include warm-ups, games, group initiative problems, trust experiences, low / high elements, and other rigorous physical adventure activities. Participation in our program and its activities is at all times an individual choice. There are risks, which must be assumed by each participant, that he or she may suffer an emotional or physical injury or disability.

Our policy requires that every participant provide certain health/medical information to the instructor(s) so that they are prepared to help participants make informed choices about their level of participation.

The following information will be held in confidence. Please complete the form and return it to the facilitator/instructor prior to participating in any activities.

Today's Date: \_\_\_\_\_

**PARTICIPANT INFORMATION:**

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:        Male                  Female

Do you have any health/accident insurance? \_\_\_no \_\_\_yes

If yes, name and address of company:

\_\_\_\_\_

**MEDICAL INFORMATION:**

**NOTE: In the interest of trying to provide a successful experience for all participants we ask that you take the time to answer the following questions. This information will be kept in confidence by Bitterroot Ecological Awareness Resources, Inc. and only shared with your permission.**

Do you have any limiting physical or health disabilities (temporary or permanent)? \_\_\_no \_\_\_yes

If yes, identify and explain:

\_\_\_\_\_

Do you currently take medication (prescribed or otherwise, e.g. cold medicine)?  no  yes  
If yes, what are you taking, and what condition is it for:

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Do you have any allergies, reactions to medications, or any other medical limitations?  no  yes  
If yes, identify and explain:

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Do you have any of the following symptoms/conditions? Circle yes or no and describe below.

- A. Do you have any history of heart disease, or heart attack?  
Yes / No
  
- B. Do you have high blood pressure or any history of high blood pressure?  
Yes / No
  
- C. Do you have any chest pains/pressure heart palpitations or heart murmurs?  
Yes / No
  
- D. Have you ever had a stroke?  
Yes / No
  
- E. Do you have diabetes?  
Yes / No

If you circled "yes" to any of the above questions (letters A-E), identify the condition and describe below:

Concern: \_\_\_\_\_

Detailed Description: \_\_\_\_\_

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Concern: \_\_\_\_\_

Detailed Description: \_\_\_\_\_

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Concern: \_\_\_\_\_

Detailed Description: \_\_\_\_\_

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Any other concerns/issues not mentioned above:

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