

www.pa.org
Massachusetts Campus: 719 Cabot Street, Beverly, MA 01915 • P 978.524.4500 • F 978.524.4501

A Non-Profit Organization. Project Adventure is an equal opportunity employer.

Applicant Information and Confidential Medical Information

Project Adventure programs and training workshops use a variety of activities including warm-ups, games, team-building initiatives, and low and high challenge course activities. Some programs include additional rigorous physical activities such as rappelling and rock climbing. Some of these activities can be physically demanding. Although some activities are physically demanding, our programs are designed to be within the capability of anyone who is in reasonably good health.

All activities are presented on a "Challenge by Choice" basis. This means that participants choose their own level of participation. Although safety is a very high priority for all Project Adventure programs, there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury.

Each participant in a Project Adventure program is required to have health/accident insurance coverage. The information requested on this medical information form is intended to help inform Project Adventure staff of any pre-existing medical conditions, and to help determine if consultation with your physician is recommended prior to participating in the training. If you have a pre-existing medical condition, participation in some of the more strenuous activities may not be recommended. This information will be kept in strict confidence by Project Adventure and only shared with your permission.

Part One - General Information

Name	Sex MF
Date of Birth/Height	Weight
Do you have health/accident insurance? (circle one) If yes, name and address of company:	no yes
Do you have any limiting medical conditions that you or participation in a Project Adventure training workshop? If yes, identify and explain:	2

Are you currently taking medication? (circle one)	yes
Do you have any allergies, reactions to medications, or other medical limitations? (circle one)	yes
Part Two – Medical History	
Do you currently have OR do you have any history of the following? heart palpitations heart disease heart murmur high blood pressure chest pain or pressure stroke heart murmur currently taking medication for high blood pressure stroke	
If you checked any of the items above, please provide additional information:	
Part Three – Additional Factors	_
Do you have diabetes? (circle one)	yes
Is there a history of heart disease in your family? (circle one)	yes
	ye ye
Please indicate which statement best describes how often you exercise:	nes

In the event of inju	ury or illness, please indicate who sl	hould be contacted:
Name	Rel	ationship
Address		
Home phone no	Woo	rk phone no
Physician Cons	ultation	
consult with your strenuous physical	physician prior to participating i	listory , we strongly recommend that you in a Project Adventure training or other a personal history of heart disease, chest
age (over 45) are risk factors, we str	also recognized as cardiac risk fac	eight, family history of heart disease, and tors. If you have three or more of these with your physician prior to participating viscal activity.
need to consult wi existing medical c	ith their physician prior to participa	ospective participants determine who may ation. If you are uncertain about any prethat you consult with your own physician
If you or your pl Project Adventure	hysician requires additional inforn training, please contact us.	nation about activities in any particular
In preparation for (circle one) NO	this Project Adventure training I ha YES	ve consulted with my physician:
If yes, check most	t appropriate description:	
I have been	advised that I may participate fully	in the workshop without limitation
I have been	advised that I should not participat	e in the PA training workshop
I have been	advised that I may participate in the	e training workshop, but should avoid
certain activities.	Please provide additional information	on:

Photo/Media Release

Project Adventure programs are often recorded in photos, videos and other digital media and this material is sometimes used in Project Adventure publications (e.g. brochures, promotional materials, etc.). Project Adventure reserves the exclusive right to use any such material obtained during Project Adventure programs for its own use. Any program participant may choose not to be photographed or otherwise recorded simply by informing an authorized Project Adventure representative.

Participant Release of Liability

I affirm that the confidential medical information that I have provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold Project Adventure harmless if full disclosure of a pre-existing medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary.

I understand that parts of the Project Adventure program may be physically and emotionally demanding. I agree to follow all safety instructions given by Project Adventure staff during the training workshop. I recognize the inherent risk of injury or disability in Project Adventure activities. I understand that each participant must assume the risk of injury or disability that could result from any of these activities. I release Project Adventure, Inc., its staff members, and Board of Directors, from all liability for any injury to me from participation in Project Adventure activities.

Participant	Signature
Гоday's Date:	Name/Type of Workshop
Date(s) of Workshop:	

Questions or Concerns?

Please call one of our office sites:

719 Cabot Street Beverly, MA 01915 978/524-4500

Please visit our web site www.pa.org