

In the event of injury or illness, please indicate who should be contacted:

Name _____ Relationship _____

Address _____

Home phone no. _____ Work phone no. _____

Physician Consultation

If you checked **any** boxes in **Part Two - Medical History**, we strongly recommend that you consult with your physician prior to participating in a Project Adventure training or other strenuous physical activity. These conditions include a personal history of heart disease, chest pain or pressure, high blood pressure, or stroke.

Diabetes, smoking, sedentary lifestyle, being overweight, family history of heart disease, and age (over 45) are also recognized as cardiac risk factors. If you have **three or more** of these risk factors, we strongly recommend that you consult with your physician prior to participating in a Project Adventure training or other strenuous physical activity.

This medical information form is intended to help prospective participants determine who may need to consult with their physician prior to participation. If you are uncertain about **any** pre-existing medical conditions, we strongly recommend that you consult with your own physician prior to participating in a Project Adventure training.

If you or your physician requires additional information about activities in any particular Project Adventure training, please contact us.

In preparation for this Project Adventure training I have consulted with my physician:
(circle one) NO YES

If yes, check most appropriate description:

I have been advised that I may participate fully in the workshop without limitation

I have been advised that I should **not** participate in the PA training workshop

I have been advised that I may participate in the training workshop, but should avoid certain activities. Please provide additional information:

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

Today'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