

HIGH POINT CLIMBING AND FITNESS OUTDOOR GUIDING PROGRAM

Operated by

High Point Climbing, LLC

219 Broad St., Chattanooga, TN 37402

MEDICAL INFORMATION AND RELEASE FORM for participation in rock climbing and rock climbing education

Participant information and emergency contact:

Last Name

First Name

Date of Birth

Home Address

Person to contact in
case of emergency
(name and
relationship to
participant)

Emergency contact's
Phone Number
(including area code)

Please complete the confidential medical questionnaire on Page 2.

Confidential Medical Questionnaire:

Do you have any medical condition that could affect your safety when participating in rock climbing, such as a heart condition, problems with balance, dizziness, seizures, or any other concerns?

Yes No (Please circle your answer).

If you answered "Yes," please explain:

Are you prone to muscle or skeletal injuries/do you have a history of such injuries?

Yes No (Please circle your answer).

Do you take any medications or drugs? (Please answer "yes" if you regularly take any medication or drugs or if you have taken any medication or drugs in the last 72 hours.)

Yes No (Please circle your answer).

If you answered "Yes," please identify the medication/drugs and your reason for taking them:

Do you suffer from hay fever or have any allergies, including allergies to food, medications, insect stings, poison ivy, or anything else?

Yes No (Please circle your answer).

If you answered "Yes," please list:

(a) Do you suffer from asthma or any other respiratory condition?

Yes No (Please circle your answer).

(b) If you answered "Yes," are you able to adequately control your condition during or after athletic activity by use of an inhaler or medication?

Yes No (Please circle your answer).

NOTE: if you answered "Yes" to question 5(a), you MUST have the appropriate inhaler or medication with you at all times.

Please complete the medical release on Page 4 or 5, as applicable.

Medical Release:

I certify that I am in proper physical and mental condition to participate in rock climbing and that I have no physical or mental conditions or limitations that would preclude me from safely participating in rock climbing or that might create risks to myself or others.

I have listed all of my medical conditions and all medications or drugs I regularly take and/or have taken in the last 72 hours. I have completed page two of this agreement to the best of my knowledge. I further certify that I assume all risks associated with any medical or physical condition I may have.

In the event of an emergency, if I am unconscious or otherwise unable to make medical decisions for myself, I hereby authorize High Point Climbing, LLC, its employees, and agents (collectively, "High Point") to administer and/or secure necessary emergency medical treatment for me, including emergency transport to a medical facility. I fully release High Point from any liability in connection with those decisions.

I am at least eighteen (18) years of age, if in Tennessee or Georgia, or nineteen (19) years of age, if in Alabama. I have carefully read this agreement, and I am legally competent to sign it and be bound by its terms. I understand that I shall be and remain bound by the terms and conditions of this agreement each time I visit and/or use High Point's premises, facilities, or services; provided, however, that High Point may require a modification or replacement agreement in the future as a condition of my continued visitation and/or use.

[Participant Signature]

[Print Participant Name]

[Date]

Please complete Parent/Guardian Release on Page 5, if applicable.

**FOR PARTICIPANTS UNDER 18 YEARS OLD, IF IN TENNESSEE OR
GEORGIA, OR 19 YEARS OLD, IF IN ALABAMA:**

I am the parent or legal guardian of the minor participant (“Minor”) named herein, and I have carefully read this document in its entirety and represent that it is correct and complete to the best of my knowledge. I hereby consent to Minor’s participation in rock climbing and rock climbing instruction. In consideration of the services provided by High Point to Minor, I agree, personally and on behalf of Minor, to be bound by the terms and conditions set forth in this agreement.

[Parent/Guardian Signature]

[Print Parent/Guardian Name]

[Date]