

MOSEY Challenge Course

Assumption of Risk / Health Record

MOSEY Outdoor Adventure Society

(316) 687-2530 www.mosey.net

3gurah@earthlink.net

Group Name:			
Name of Participant:	Age:	Gender:	
Participant's Address:	City:	State:	Zip:
Contact Person in Emergency:	Phone:		

MOSEY activities may require participation in exercises which are by their nature physically demanding. These activities will challenge you, and may cause surges in blood pressure and pulse rates. It's imperative that you are free of any heart related or other diseases.

HEART-RELATED INFORMATION (If you check "yes", please explain in the space provide or attach related/pertinent information/paperwork)	
1. Have you had or do you currently have any heart problem? <input type="checkbox"/> no <input type="checkbox"/> yes	4. Do you often feel faint or have spells of severe dizziness? <input type="checkbox"/> yes <input type="checkbox"/> no
2. Do you frequently suffer from pains in your chest? <input type="checkbox"/> no <input type="checkbox"/> yes	5. Are you a smoker? <input type="checkbox"/> yes <input type="checkbox"/> no
3. Has a doctor ever told you that you have high blood pressure? <input type="checkbox"/> no <input type="checkbox"/> yes	NOTE: If you have had any heart-related problems you will need to have a release from a physician in order to go through a high elements training.)

OTHER HEALTH INFORMATION (If you check "yes", please explain in the space provide or attach related/pertinent information/paperwork)	
6. Have you had any operations or serious injuries? <input type="checkbox"/> no When? <input type="checkbox"/> yes	12. Are you allergic to any medicines, insects or pollen? <input type="checkbox"/> no <input type="checkbox"/> yes
7. Do you have arthritis, joint, or back problems that might be aggravated by exercise? <input type="checkbox"/> no <input type="checkbox"/> yes	13. Are you currently sick and/or using a medication that's not listed above? <input type="checkbox"/> no <input type="checkbox"/> yes
8. Do you have Epilepsy? <input type="checkbox"/> no <input type="checkbox"/> yes	14. Do you have any disabilities or chronic recurring illness? <input type="checkbox"/> no <input type="checkbox"/> yes
9. Do you have Diabetes? <input type="checkbox"/> no <input type="checkbox"/> yes	15. MOSEY has permission to use photographs of participant in future publications. <input type="checkbox"/> no <input type="checkbox"/> yes
10. Do you have any prescribed meal plan or dietary restrictions? <input type="checkbox"/> yes <input type="checkbox"/> no	
11. Are there any activities to be limited/discouraged by physician's advice? <input type="checkbox"/> no <input type="checkbox"/> yes	

I _____ (name of participant) am aware that during my participation at the **MOSEY Challenge Course** certain risks and danger may occur, including the potential for permanent paralysis or death. These include, but may not be limited to the hazards of being in a rural area, the forces of nature, the content of this program, and other reasons. In consideration of my being allowed to participate in these activities, I have and do hereby assume all risks and will indemnify and hold **MOSEY Outdoor Adventure Society**, and its officers, directors, owners, agents, and employees harmless from any and all liability, actions, cause of action, debts, claims, and demands of every kind and nature whatsoever (including attorney fees) which I now have or which may arise from or in connection with my participation in any activities arranged for me by the **MOSEY Outdoor Adventure Society**, even if arising from the negligence of the **MOSEY Outdoor Adventure Society**. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for myself, my heirs, executors and administrators and for all members of my family. In case of accident or illness, the **MOSEY Outdoor Adventure Society** will attempt to provide first aid and arrange transportation to medical services if needed. Cost of medical care beyond aid is the financial responsibility of the ill or injured person. I assume full responsibility for my health being such that the activities will in no way aggravate any conditions present. If I am in doubt, medical advice will be sought and followed. The **MOSEY Outdoor Adventure Society** will be notified of any changes in participant's health status prior to the activity/trip departure. I declare the statements on this form to be true.

(signature of participant)

(date)

PARENT OR GUARDIAN ADDITIONAL INDEMNIFICATION (Must be completed fro participants under the age of 18)

In consideration of _____ (print minor's name-hereafter referred to as "Minor") being permitted by the **MOSEY Outdoor Adventure Society** to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless the **MOSEY Outdoor Adventure Society** and its officers, directors, owners, agents, and employees from any and all Claims (and the costs and attorney fees for defending such claims) which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor. I assume full responsibility for Minor's health being such that the activities will in no way aggravate any conditions present. The **MOSEY Outdoor Adventure Society** will be notified of any changes in Minor's health status prior to the activity / trip departure. I declare the statements on this form to be true.

(signature of parent or guardian)

(date)