



## Medical Questionnaire

Name \_\_\_\_\_

Age \_\_\_\_\_

Group \_\_\_\_\_

This form is intended to remind participants, group leaders and staff of the seriousness of attempting any outdoor or adventure activity with a pre-existing medical condition or personal safety concern.

Please explain any "Yes" answer.

### Questions

- |   |    |     |
|---|----|-----|
| 1. Do you have pre-existing medical conditions?   | No | Yes |
| 2. Are you taking medications?  | No | Yes |
| 3. Do you have heart conditions?  | No | Yes |
| 4. Do you have high blood pressure?   | No | Yes |
| 5. Do you have allergies (food, bees, insects, medicines)?  | No | Yes |
| 6. Do you foresee any problem participating in activities due to lack of exercise back home?  | No | Yes |
| 7. Do you have a disability (physical, intellectual, emotional)?<br>If yes, please indicate the functional implications and any concerns about participation related to the disability. | No | Yes |
| 8. Do you feel any pressure or coercion from employer or others to participate in outdoor recreation or adventure activities?   | No | Yes |

Emergency contact \_\_\_\_\_ Telephone \_\_\_\_\_

Medical Insurance \_\_\_\_\_

I have honestly disclosed any medical, psychological or personal information relating to personal safety and related health. I understand that engaging in any activity on YMCA Blue Ridge Assembly grounds is a personal choice. When involved in staff-led adventure activities, I understand that a "challenge by choice" atmosphere exists; and I choose the level at which to participate.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Informed Consent and Liability Release

YMCA Blue Ridge Assembly is located in a natural mountainous terrain. While attention to safety is a primary concern on the Blue Ridge grounds, there are inherent risks while engaging in recreational activities in a natural setting. YMCA Blue Ridge Assembly also offers adventure and outdoor activities led by Blue Ridge staff. The facilities and programs have an excellent safety record with trained instructors. Stringent safety precautions and operational procedures are enforced. However, with any adventure activity, there is potential for injury. YMCA Blue Ridge Assembly requires that all participants sign the informed consent and liability release below indicating that they understand potential risks. Parents must co-sign for all participants under the age of 18.

1. I acknowledge that my participation in recreational activities, both self-guided and staff-led, involves known and unanticipated risks which could result in personal injury. I understand that such risks simply cannot be eliminated due to the environment and/or nature of the adventure activities.
2. I understand that adventure activities supervised by trained Blue Ridge staff may include outdoor and indoor climbing facilities, high swing, high and low ropes courses, mountain biking, hiking, swimming and other challenging activities. Self-guided recreational activities may include hiking, sports activities and activities designated by the conference group leader.
3. I agree that I am solely responsible for my own participation and for my own physical and emotional well-being. I am aware and understand that all of my program activities are strictly voluntary; and it is my own choice to participate in each activity to whatever degree I deem appropriate after due consideration of my own physical health, physical abilities and medical condition. I am willing to assume the risk of any medical or physical condition I may have.
4. I accept and assume all of the risks existing in chosen activities. These include activities led by Blue Ridge staff, activities led by the conference group and individual recreation activities. During any activity, there may be contact with plants, animals or insects that could create hazards such as stings, allergies and associated diseases. During adventure activities risks include the potential for slips, falls and falling, rope burns, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions or even more severe life-threatening hazards.
5. I certify that I have adequate insurance to cover any injury or damage I may suffer or cause while participating, or else I agree to bear the costs of such injury or damage to myself. YMCA Blue Ridge Assembly does not provide health or accident insurance for participants.
6. I willingly and knowingly assume for myself all the risk of physical injury and emotional upset that may occur during or after participating in any aspect of any program and hereby agree to hold YMCA Blue Ridge Assembly, its employees, instructors, facilitators and agents harmless for any liability arising out of my participation in the program.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Emergency Telephone \_\_\_\_\_  
Group Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (participants under age 18) \_\_\_\_\_ Date \_\_\_\_\_