

Holler Hoppin' Zip Lines at Rawhide Ranch

Teambuilding at Rawhide Ranch

Participant Health History Form

Name: _____ Date: _____

Address: _____

Date of Birth: _____

Insurance Company: _____

Please Read: This form is intended to remind leaders and participants of the seriousness of attempting participation on challenge course elements, climbing structures and/or participation in any adventure based activity or game with an old, preexisting injury, a heart condition or other known medical condition which might be aggravated by the event or cause harm to others.

QUESTION

RESPONSE

- | | | |
|--|-----|----------|
| 1. Any preexisting injuries (ankle, knee, back, neck, etc.) that might be aggravated by participating? | YES | NO |
| 2. Taking any current medications? _____ | YES | NO |
| 3. Any heart problems or heart medications? _____ | YES | NO |
| 4. Do you have high blood pressure? | YES | NO |
| 5. Do you have allergies (food, bees, insects, medications, etc.)? | YES | NO |
| 6. Do you have any physical limitations? | YES | NO |
| 7. Current level of activity in daily life? | LOW | MED HIGH |

If you answered YES to any question above, please discuss that item with your group leader.

Please include any additional information that you feel is relevant: _____

In case of emergency, who do we contact? _____ Relationship: _____

Emergency Contact Number: _____

SIGNED: _____

IF A MINOR – Parent or Legal Guardian Signature _____

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