

Manzano Mountain Retreat Health Statement

The proposed activity provided by Manzano Mountain Retreat requires participation in physical exercises, which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions, which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

Name _____ Birth Date _____
 Address _____ Gender _____
 City, State, Zip _____ Age _____
 Work Phone _____ Home Phone _____
 Name of Physician _____ Date of last exam _____
 In an emergency notify _____
 Home Address _____ Work Phone _____
 City, State, Zip _____ Home Phone _____

Health History: (Circle the appropriate answer and describe any **YES** answers.)

Have you had or do you currently have any heart problems (dates):

	YES	NO
Do you frequently suffer from pains in your chest: _____	YES	NO
Do you often feel faint or have spells of severe dizziness: _____	YES	NO
Has a doctor ever told you that you have high blood pressure: _____	YES	NO
Are you a smoker: _____	YES	NO

(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.)

Do you have arthritis joint or back problems that might be aggravated by exercise:	YES	NO
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Have you had any operations or serious injuries (dates):	YES	NO
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Do you have any disabilities or chronic recurring illness:	YES	NO
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Are there any activities to be limited/discouraged by physician's advice:	YES	NO
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Are you allergic to any medicines, insects or pollen:	YES	NO
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Do you have Epilepsy: _____	YES	NO
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Do you have Diabetes: _____	YES	NO
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Do you have any prescribed meal plans or dietary restrictions?: _____	YES	NO
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Are you currently sick and/or using a medication that is not listed above: _____	YES	NO
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Do you carry family medical/hospital insurance: _____	YES	NO
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Carrier: _____ Policy Number: _____

Suggestions or health related information for MMR personnel: _____

General Health Statement: _____

REPRESENTATION AND EMERGENCY AUTHORIZATION

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in challenge course activities.

I hereby give permission to the medical personnel selected by Manzano Mountain Retreat to order injection and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include, but not be limited to, charges incurred for the providing of aid and arranging evacuation if Manzano Mountain Retreat or its agents, determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide by any restrictions placed on my activities.

Signature of participant or guardian if under 18: _____ Date: _____

Witness: _____ Date: _____