CHALLENGE COURSE and CLIMBING/RAPPELLING
HEALTH HISTORY AND CONSENT FORM

You are about to take part in a challenge ("ropes") course experience and or climbing/rappelling ("activity") offered through the Hawkeye Area Council, Scouting America on _____ (date).

While participating in the activity you will undertake a wide variety of physical and mental challenges that are comparable to activities with which you may be more familiar. Much of the time, you will be engaged in activity of "moderate exertion," which is comparable to normal walking, golfing on foot, raking leaves, calisthenics, or slow dancing. For short periods of time, you will be engaged in activity of "vigorous exertion," which is comparable to fast walking, slow jogging, heavy gardening, or shoveling snow.

If any of the above activities are difficult for you, discuss your participation in the activity with your physician. If these are activities in which you regularly engage without difficulty, you should be fit for participation in the program.

Following are specific medical conditions about which participants should always seek the advice of a physician before participating in the activity:

- ✓ Pregnancy (climbing harness can injure uterus)
- ✓ Kidney or liver transplant (climbing harness can injure transplanted organ)
- ✓ Healing fracture or joint injury (should be cleared by treating physician)
- ✓ Recent surgery (should be cleared by treating physician)
- ✓ Down syndrome (should have x-ray check for neck instability, as per recommendation of the Special Olympics)

If you or your physician has any questions about the physical requirements of the activity, feel free to contact the Hawkeye Area Council, BSA at 319 862-0541.

HEALTH HISTORY

Name: _____ Telephone: _____

Personal physician _____ Telephone: _____

Emergency contact: _____ Telephone: _____

List known allergies: _____

List required medications: _____

If you are allergic to insect stings, do you have an insect sting kit (e.g., EpiPen)? _____

Do you wear contact lenses? _____ Are you pregnant? _____

Have you had or do you now have (circle if yes): Heart attack Diabetes Asthma Surgery
High blood pressure Drug reactions Heart murmur Chest pains Epilepsy Angina

If you answered "yes" to any of the above, explain and include date:

_____

Do you have any other medical conditions that we should be aware of?

_____

HOLD HARMLESS AGREEMENT

I am not under the influence of any chemical substance, including alcohol. Understanding that this physical activity involves a degree of risk that could result in injury or death, I understand that my participation in the activity is entirely voluntary. I release Scouting America, the council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. This release does not, however, apply to any harm caused by negligence or willful misconduct of the local council or its employees.

Participant's signature* Date

*If the participant is under age 18, his or her parent or guardian must also sign below:

I understand that participation in the activity involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived, and after carefully considering the risk involved, I have given consent for my son or daughter to participate in the activity, and waive all claims I or we may have against Scouting America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Parent's or guardian's signature Date