

PARTICIPANT MUST COMPLETE THIS FORM PRIOR TO THE ACTIVITY.

THIS FORM MUST BE SIGNED BY PARENT/GUARDIAN IF UNDER 18 YEARS OF AGE.



CONFIDENTIAL HEALTH INFORMATION

Name: _____ Organization: _____
Date of Birth: _____ Height: _____ Weight: _____
Person to Notify in Case of Illness or Injury: _____
Home Phone: _____ Work Phone: _____
Relationship to you: _____

Please provide full and complete answers to the following questions. Please list all information regarding the following for the past and the present. Dancing Creek collects health information in order to assist you in making your decision to participate in the activity. The choice to participate in the activity is yours. **Participants who know they are pregnant must have written approval from their physician before they wear a harness. Participants who are over 12 weeks pregnant may not use a harness.**

Dancing Creek instructors have current first aid training, we are not physicians. We are not able to diagnose or predict possible health events, including those related conditions noted below. If you have any concerns about your physical and/or mental health as it relates to your involvement in this activity then you should not participate. **Dancing Creek reserves the right to refuse and/or terminate involvement in this activity for any participant, for any reason, medical or otherwise.**

Allergies (certain foods, insect bites, medications etc.) _____

Any physical conditions (heart conditions, epilepsy, asthma etc.) _____

Any mental health conditions (phobias etc.) _____

Permission to Receive First Aid and Secure Medical Help:

I have completed this confidential health form with information that is accurate, complete and true to the best of my knowledge. I agree to notify the activity instructor(s) of any changes in my health that may occur during the activity. Should I become ill or injured, I give permission for the instructor(s) to render first aid or to seek emergency medical or rescue services, as they see fit and at my cost. ***I authorize all photos and videos taken of the participant at Dancing Creek to be used for promotional material***

Signature of participant or legal guardian (if under 18) Date

If you would like to receive periodic updates about Dancing Creek:
EMAIL- _____