

**KOSTOPULOS DREAM FOUNDATION
CHALLENGE COURSE PROGRAMS
HEALTH INFORMATION/ RELEASE OF LIABILITY**

NAME: _____ **TODAYS DATE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE(W): _____ **HOME:** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

DOCTOR: _____ **PHONE:** _____

INSURANCE CO: _____ **POLICY #:** _____

MEDICAL HISTORY

➤ **Are you under treatment for any medical condition or illness?** Yes/ no

Describe: _____

➤ **Do you take regular medication?** Yes/ no

List: _____

➤ **Do you have any allergies?** Yes/ no

List: _____

➤ **Have you been directed to carry an epi kit?** Yes/ no Is it with you? Yes/ no

➤ **Do you have any disabilities?** Yes/ no

Describe: _____

➤ **Do you have any fears or phobias?** Yes/ no

Describe: _____

➤ **Do you feel forced into participation in this training?** Yes/ no

➤ **Have you had injuries such as back, spine, broken bones, dislocations, or sprains?** Yes/ no

Describe: _____

Date of occurrence: _____

Current status: _____

➤ **Does anyone in your family have a history of HEART PROBLEMS?** Yes/ no

Describe: _____

➤ **Do you have any respiratory problems?** Yes/ no

Describe: _____

➤ **Have you been directed to carry an inhaler or other breathing device?** Yes/ no

➤ **Has your doctor told you to limit your activity in any way?** Yes/ no

Describe: _____

Note: Research has demonstrated that challenge course activities can raise heart rate and respiration rates and that persons with heart and/or respiratory problems may be placed at extreme risk. If this is true for you, consult your physician. If already on site, you may be asked to limit your participation.

➤ **Have you ever undergone surgery?** Yes/ no

Describe: _____

➤ **Are you pregnant?** Yes/ no

Are there other factors we should know before starting this program? _____

➤ **I have answered the above questions completely and accurately** yes/ no

I believe that I(or my son/daughter/ward) am/is in good health, and I affirm that my (son's/daughter's/ wards's) participation in the Kostopulos Dream Foundation's activities will in no way aggravate and condition(s) present. If in doubt, I will seek and follow medical advice. The staff at the Kostopulos Dream Foundation has my permission to seek and/or administer emergency care for the participant in the event that

- A. the health and well being of the participant is involved; and
- B. the participant or parent/guardian is unable to respond or cannot be reached at the time of emergency; and
- C. due to the nature of the emergency, there is insufficient time to contact the parent or guardian. Yes/ no

Signature(parent/guardian/participant) date

