



Pacific Adventure Learning MEDICAL FORM (OPTIONAL)

This medical history will aid Pacific Adventure Learning in providing the best experience for you and your group. The information shared on this form will be held in strict confidence.

Group Name: _____ Program: _____ Date _____

Name: _____ Male or Female (please circle)

Person to notify in Case of emergency: _____ Relationship _____

Contact Person's Work Phone: _____ Home Phone: _____

Physician's Name + Phone: _____

B.C. Medical #: _____ Other Medical #: _____

Please describe any physical conditions or concerns as they apply to the following areas:

Neck, Back, Shoulder pain/Injury: _____

Diabetes, Seizures, Frequent or Unexplained Fainting/Dizziness: _____

Chronic Illness or Physical Impairments: _____

Foot, Leg or Knee injuries/sprains/fractures (including torn ligaments, arthritis, etc.): _____

Cardiovascular Disease/High Blood Pressure: _____

Allergies (include reaction & medication required): _____

Are you taking any current medication (including over the counter drugs)? List medication. Dosages and any side effects: _____

Other: _____

By the signature(s) below, consent is hereby given for the applicant to attend a Pacific Adventure Learning . I recognise that Pacific Adventure Learning or University of British Columbia is not responsible for any medical treatment or medical expenses that may arise out of my participation.

The information provided above is a complete and accurate statement of the physical factors, which may affect my participation in Pacific Adventure Learning. I realise that failure to disclose such information could result in harm to fellow participants, and myself and I agree to indemnify and hold Pacific Adventure Learning and University of British Columbia harmless if all relevant information is not disclosed. I also agree to notify Pacific Adventure Learning, should there be any changes in my health prior to the ropes course.

Participant: _____

Signature _____

Date _____ Participant Printed name _____

Signature of Parent or Guardian (if participant is under 19 years old) _____

To sign up for PAL's (UBC ropes course) email newsletter with upcoming events and promotions please leave us your email address _____

I agree that Pacific Adventure Learning may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and our company website.

Permission to use photograph. I have read and understand the above:

Signature of Parent/Guardian (if participant is under 19 years old) _____

Printed name _____