HEALTH FORM FOR PARTICIPANTS

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class/ Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_Weight: \_\_\_\_\_\_\_Age: \_\_\_**

I have verified with my (or the minor’s) physician that I have (or the minor has) no past or current physical or psychological condition that might affect my (or the minor’s) participation in the class or course, other than as described on the health form submitted. I understand my health form will be viewed, as necessary, by course instructors. I am (or the minor is) able to participate without causing harm to myself (or to themself) or to others. The medical information given is accurate and all pertinent medical conditions have been disclosed. Prior to the commencement of the class or course, Nature Nicole Whitewater LLC will be informed of any medical condition that has not been previously disclosed or any changes in medical conditions or medications. I understand that admission of me (or the minor) to the class or course is not intended as a representation that instructors will be able to successfully manage a medical event or emergency related to a disclosed, or undisclosed, medical condition. However, Nature Nicole Whitewater LLC reserves the right to refuse admission or remove a participant from a course for any reason it deems is in the best interests of the student or the course.

Nature Nicole Whitewater LLC is authorized to obtain or provide emergency evacuation, hospitalization, or other medical care for me (or for the minor). I understand that situations may arise in which third-party medical care is not available and which require instructors or participants to provide first aid and possibly more advanced procedures, employing wilderness first responder training. Such care will be provided under the guidance WFR medical protocols. Any third-party medical care provider is authorized to exchange pertinent medical information with Nature Nicole Whitewater LLC. Costs associated with medical services, including evacuation, shall be borne by the participant.

Full Disclosure: In the interest of your health and well-being, please answer the questions honestly and completely. A “Yes” answer does not automatically cancel your booking. If we have a question about your capacity to successfully complete the class or course, we will contact you to discuss it. Failure to disclose a health condition that becomes relevant while on your course may result in dismissal from the activity.

I realize that failure to disclose information could result in serious harm. I agree to inform Nature Nicole Whitewater should there be any change in my health status prior to the start of the class or course. On the basis of the class or course description, and what I know or suspect about my physical and psychological health, I am fully capable of participating.

By my signature, I confirm that the information provided on this form will be an accurate and complete representation of my health history.

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

EMERGENCY CONTACT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL HISTORY: Do you currently have or have a history of:

Respiratory problems? Asthma? YES NO Is the asthma well controlled with an inhaler?

What triggers an attack? Last episode? Ever hospitalized?

Diabetes? YES NO

Bleeding or blood disorders? YES NO

Hepatitis or other liver disease? YES NO

Neurological problems? YES NO

Epilepsy? YES NO

Seizures? YES NO

Are you pregnant? YES NO

Cardiac illness or significant risk factors? YES NO

Known coronary artery disease, hypertension, diabetes mellitus, hyperlipidemia, tachyarrhythmia, symptomatic bradycardia (syncope, dizziness), unexplained chest pain.

Back, Knee, hip, ankle, leg or foot injuries/ surgery? YES NO

Full range of motion YES NO

Head Injury/ concussion? YES NO

Mental Health conditions? YES NO

Applicants with a history of a mental health disorder within the past three years, which may have required psychotherapy, medication, hospitalization or residential treatment, need to be in a period of stability ranging from six months to two years, depending on the condition, before they will be accepted for a class or course.

Prescription medications? YES NO Medication dosage, date prescribed, for what condition?

Do you have any disease, allergy, or history of surgery not already mentioned? YES NO

Swimming ability (Circle One): Non-swimmer, Recreational, Competitive

ALLERGIES

Regardless of the allergen, individuals with a history of severe allergic (anaphylactic) reactions are required to bring a personal supply of epinephrine, preferably in a pre-loaded auto-injector, and know how to use it.

FOOD: Are you allergic to or have a medically related intolerance to any food? YES NO

Do you have any dietary preferences? (vegetarian, vegan, gluten free) YES NO

STINGS: Have you had an allergic reaction to insect bites, bee or wasp stings, resulting in hives, swelling of face/lips or difficulty breathing? YES NO

MEDICATIONS: Are you allergic to any medications YES NO

If medications or health condition changes prior to course, PLEASE INFORM US.