

ACE ADVENTURE CENTER

AMERICAN CANADIAN EXPEDITIONS, LTD.

MEDICAL QUESTIONNAIRE for TEAM CHALLENGE COURSE

PLEASE READ: This form is intended to remind staff and participants of the seriousness of attempting adventure activities with an old, re-existing injury, heart problem or other conditions which might be aggravated by the event. This information will be held in the strictest of confidence, and may be discussed in private with your facilitators.

QUESTIONS	RESPONSE	
1. Any pre-existing injuries (ankles, knees, etc.) that might be aggravated by the event?	YES	NO
2. Taking any current medication?	YES	NO
3. Any heart problems or heart medication?	YES	NO
4. Any pressure or coercion from employer or others to participate?	YES	NO
5. Do you have high blood pressure?	YES	NO
6. Do you have any allergies (food, bees, insects), reactions to medications or physical limitations?		
7. Do you foresee any problem participating in the upcoming Alpine Tower, other high event, or low event activity due to a lack of physical exercise back home?	YES	NO

In case of emergency, contact _____
Phone: _____

Participant, please read and sign:

I have honestly disclosed to the staff any medical, psychological or personal reasons that might affect my safety or the safety of others during these events. I will remember that a "Challenge by Choice: atmosphere exists at all times and I should not feel pressured to participate in any manner with which I am uncomfortable. I certify that I have adequate insurance to bear any additional cost of such injury or damage.

Signature

Date