

# *Element of Adventure*

## **APPLICANT INFORMATION & CONFIDENTIAL MEDICAL HISTORY**

### Disclosure

Element of Adventure workshops use a variety of activities including games, team-building initiatives, and low and high challenge course activities. Some programs include additional activities such as snow shoeing, cross country skiing, hiking, canoeing, and rock climbing. Some of these activities can be physically and emotionally demanding. Element of Adventure programs are designed to be within the capability of anyone who is in reasonably good health.

All activities at Element of Adventure are presented on a "Challenge By Choice" basis. This means that participants choose their own level of participation. Although safety is a high priority, there is a risk that must be assumed by each participant that he or she may suffer physical or emotional injury.

Prospective participants who are not in good health, who have pre-existing medical conditions or who have questions about the current state of their health should consult a physician prior to enrolling in an Element of Adventure workshop. The information requested in the Confidential Medical History is designed to help determine if consultation with a physician is recommended prior to attending a workshop and to better allow the instructors to develop programs to best suit your needs and abilities.

### **CONFIDENTIAL MEDICAL HISTORY**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Medical Insurance Plan (e.g. OHIP, Blue Cross): \_\_\_\_\_ Number: \_\_\_\_\_

Person to notify in case of illness or injury: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

1. Do you have any limiting physical or health disabilities (permanent or temporary) that may affect or limit your participation in an Element of Adventure workshop? YES  NO

If yes, please explain:

\_\_\_\_\_

2. Are you allergic to any foods, bee stings, drugs or medications? YES  NO

If yes, please explain:

\_\_\_\_\_

3. Are you currently taking any prescription drugs or medications? YES  NO

If so, please list the drug and reason for taking:

\_\_\_\_\_

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4. Have you had any recent illness or surgery? YES  NO

If yes, please explain:

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5. Do you currently have **OR** have you any history of the following:

High blood pressure YES  NO  Strokes YES  NO

Heart Disease YES  NO  Heart Attack YES  NO

If yes, please explain:

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6. Are you pregnant? YES  NO

If yes, which trimester?

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7. Has a physician or other medical practitioner ever advised you to limit any of your normal day-to-day activities or refrain from any form of exercise? YES  NO

If yes, please explain:

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8. If there is anything else you feel we should know concerning your health or physical condition, please elaborate:

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## PARTICIPANT RELEASE OF LIABILITY

I affirm that the confidential medical information that has been provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold Element of Adventure harmless if full disclosure of a pre-existing medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary.

I understand that parts of Element of Adventure workshops may be physically and emotionally demanding. I agree to follow all safety instructions given by Element of Adventure staff during the workshops. I recognize the inherent risk of injury or disability in Element of Adventure activities. I release Element of Adventure and its staff members from all liability for any injury to me from participation in Element of Adventure activities.

\_\_\_\_\_  
Participant's Name (please print)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

If applicant is under 18 years of age:

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**EXPERIENCE:** Women's wilderness programs are open to women with all experience levels. Having a sense of people's wilderness and canoeing experience will help us with our trip planning. Thus, I ask that you rate your canoeing/kayaking and camping experience.

***Canoeing /Kayaking***

1.  Never done, but eager to try
2.
3.  I've been in a canoe/kayak a few times
4.
5.  I've done a lot of paddling and tripping

***Camping***

1.  Never done, but eager to try
2.
3.  I've done a bit of camping
4.
5.  I'm a wilderness camper from way back

Please circle the shirt size you wear. XS   SM   M   L   XL   XXL   XXXL

**PERSONAL GEAR:**

Gear is provided, however people are welcome to bring their own if they desire.

Please check if you will be bringing personal gear.

lifejacket

paddle

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