

1. Do you have any limiting physical disabilities or handicaps (temporary or permanent)? (Circle **Yes** or **No**)
No **Yes** If yes, identify and explain _____
-
2. Do you have any of the following conditions:
No **Yes** Seizure within the past year
No **Yes** Neck, back shoulder, knee or ankle problems
No **Yes** Pregnancy (**SEE BELOW, DR'S NOTE IS REQUIRED**)
No **Yes** High blood pressure or heart condition
No **Yes** Abnormally high cholesterol level or medication for Lipid abnormality
No **Yes** Coronary artery by-pass / angioplasty
No **Yes** Unexplained chest pain / pressure, shortness of breath, heart palpitations, sweats, or exertional dizziness or faint spells
- If **yes** to any of the above, explain **and** complete "**Physician Consultation**" section at bottom. _____
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3. **No** **Yes** Currently taking medication (prescribed or otherwise, e.g. cold medicine)
If **yes**, state what you are taking, and for what conditions _____
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4. **No** **Yes** Allergies, reactions to medications, any other medical limitations?
If **yes**, identify and explain _____
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5. **No** **Yes** Allergic to bee stings?
No **Yes** If **yes**, did you bring an epipen or your own medication?

5. Additional Factors for Participants

1. **No** **Yes** Do you have diabetes?
If yes, please indicate if it is (circle one): insulin dependent diabetes OR non-insulin dependent
2. **No** **Yes** Is there a history of heart disease in your family?
If yes, please explain: _____
-
3. **No** **Yes** Do you smoke?
4. **No** **Yes** Are you a former smoker?
How long ago did you quit? _____

Please indicate which statement best describes how often you exercise:

- _____ little or no exercise on a regular basis
_____ occasional exercise 1 or 2 times per week
_____ vigorous exercise (e.g., 20 minutes of running, fast walking or equivalent 3 times per week or more.)

Physician Consultation:

If you have checked **yes** to any boxes in Section 4 #2 – "Medical Information", we **strongly recommend** that you consult with your physician prior to participating in a PLCC program or other strenuous physical activity. These conditions include a personal history of heart disease, chest pain or pressure, high blood pressure, stroke and/or pregnancy.

- Diabetes, smoking, sedentary life style, being overweight, family history of heart disease and age (over 45) are also recognized as cardiac risk factors. If you have three or more of these risk factors, we **strongly recommend** that you consult with your physician prior to participating in a PLCC program or other strenuous physical activity.
- If you are **pregnant**, PLCC **requires** a letter from a doctor explaining what level of participation is appropriate.
- If you or your physician require more information about activities in any PLCC program, contact us at **(860) 314-4690**

YES **NO** In preparation for this PLCC program I have consulted with my Physician:

If "**Yes**" please initial your response:

- _____ I have been advised that I may participate **fully** in the program without limits.
_____ I have been advised that I should **not** participate in the PLCC program.
_____ I have been advised that I may participate in the PLCC program, but should avoid **certain** activities. Please provide an explanation and additional information. _____

6. Release and indemnity agreement:

I understand that part of the Bristol Pine Lake Challenge Course may be physically and emotionally demanding.

I, or my child (*child's name*) _____ affirm that my (her/his) health is good, and that I (she/he) am (is) not under a physician's care for any undisclosed condition that bears upon my (her/his) fitness to participate in Pine Lake Challenge Course (PLCC) activities. I recognize the inherent risk of emotional injury and/or serious physical injury, resulting in permanent injury or death, associated with the utilization of and/or participation in the Bristol Pine Lake Challenge Course activities sponsored by the Bristol Youth Services during the period of: (*Program Date(s) or Duration*): _____ (*Rain Date*): _____
At PLCC or (*other location(s)*) _____

In consideration for the privilege of participating in the Bristol Pine Lake Challenge Course, the undersigned hereby agrees that:

1. I fully assume all risks associated with utilization of and participation in the Bristol Pine Lake Challenge Course, even if due to the negligence of the City of Bristol, its agents, servants or employees.
2. I hereby release, and agree that I will not sue, The City of Bristol, its agents, servants and employees, and all of its departments, boards, commissions and agencies, including the Bristol Youth Services and its staff members from all liability should injury to me or my child occur during participation in Bristol Pine Lake Challenge Course even if caused by the negligence of the City of Bristol, its agents, servants or employees.
3. I, for myself and for my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless the City of Bristol, its agents, servants and employees, and all of its departments, boards, commissions and agencies, including the Bristol Youth Services and its staff members from any and all claims, suits or demands by anyone arising from my or my child's use of or participation in the Bristol Pine Lake Challenge Course, even if caused by the negligence of the City of Bristol, its agents, servants, or employees. I certify by my signature that I have read this document carefully and fully understand the risks involved with the Bristol Pine Lake Challenge Course participation and wish to continue in my participation. I further understand that by signing this agreement I am giving up substantial legal rights. I have not been induced to sign this agreement by any promise or representation, and I sign it voluntarily and of my own will.
4. Should an injury or accident occur, I grant permission for (*Son/daughter*) _____ to receive necessary emergency treatment by licensed or certified medical personnel at the nearest medical facility.

PARENT OR GUARDIAN:

This is to certify that I, as parent or guardian with legal responsibility for this participant, do hereby consent and agree to his or her release as set forth above, and for myself, my heirs, assigns, successors, executors, administrators, and legal representatives, agree to defend, indemnify and hold harmless the City of Bristol, its agents, servants, and employees, and all of its departments, boards, commissions and agencies, including the Bristol Youth Services and its staff members from any and all claims, suits or demands by anyone arising from said participants use of the Pine Lake Challenge Course facilities and equipment including claims of negligence on the part of the City of Bristol, its agents, servants or employees.

*1. _____) _____ / / _____ (*All participants, including minors, must sign here*)
Participant Signature *Date*

2. _____
Parent / Guardian Signature (if participant is under 18 years of age) *Printed name* *Date*

*All participants must sign #1; participants **under 18** must also have a Parent or Guardian signature #2.
Forms **must** have the program date(s) and the rain date.