

102 Plaza Drive  
 Dundas, Ontario, L9H 4H0  
 Phone: (905) 304-5683  
 Fax: (905) 304-0386  
 Email: info@adventureworks.org  
 Website: www.adventureworks.org



## Health and Safety Form

Adventureworks! is committed to delivering unique and exciting learning experiences that lead to positive growth and development in all individuals, groups, organizations and communities. Because of the physical nature of our programs, and because most programs take place in the outdoors, all participants are required to provide accurate health and medical information. In cases where there is some concern about one's ability to participate for health reasons, a medical examination by a physician may be advisable. Please note that Adventureworks! is not liable for any costs incurred during such an examination. All health information will be held in the strictest confidence and not given to a third party.

**Please complete all sections:**

Name of Group \_\_\_\_\_ Dates of Program \_\_\_\_\_

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # (home) \_\_\_\_\_ Email address \_\_\_\_\_ OHIP # \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone # (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

Please list any disabilities, special needs, recent injuries, illnesses or operations and any subsequent limitations

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Please list any medications, prescribed or otherwise, currently being taken

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Please list any allergic reactions to medications, food or environmental factors:

Allergy	Reaction	Treatment	Epi Pen Required?	
			Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE: Please remember to bring your own EpiPen(s) if required.**

Please describe any previous emergency treatment (injection, doctor, emergency room, hospital) in detail:

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### Authorization For Seeking Treatment of Minors

In the event of accident or apparent illness, I irrevocably authorize Adventureworks staff to secure emergency medical services and treatment for this participant if, in their judgment, such services or treatment are necessary. I understand that in the event of a medical emergency every effort will be made to contact parents or guardians.

Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Assumption of Risk and Responsibility Form

Adventureworks! programs can utilize activities which require a high level of physical activity. As a participant, you may be involved in activities such as: cooperative games, trust exercises, group initiative tasks, low and high ropes course, and rock climbing. Adventureworks! utilizes an “I-Opt” design philosophy in all of its programs. This means that Adventureworks! staff will provide a variety of mentally and physically challenging activities and that you will be empowered to make choices about your own level of involvement. Adventureworks is committed to ensuring your safety at all times. Our staff will provide you with safe instruction, high quality equipment, and appropriate supervision for all activities. You must do your part by following all safety policies and procedures that are outlined during the course of the program. In order to protect you from harm you will be spotted in all “low ropes” activities, and protected by a “belay” system while involved in all high ropes and rock climbing activities.

**Participant Name:** \_\_\_\_\_ **Group Name:** \_\_\_\_\_

**Participants (and parent/guardian if under 18) must read and initial all of the following statements:**

Participant Initials	Parent/Guardian Initials
eg. <u>AW</u>	<u>RW</u>

- |       |       |   |
|-------|-------|---|
| _____ | _____ | I agree NOT to use illegal drugs or alcohol at any time during an Adventureworks! program.  |
| _____ | _____ | I accept the fact that neither Adventureworks! nor its staff can guarantee my total safety because some risks are beyond their control. |
| _____ | _____ | I agree to follow all instructions given by the staff and to act safely and responsibly at all times.                                   |
| _____ | _____ | I am sufficiently fit (socially, mentally, physically) to participate in this program.  |
| _____ | _____ | I have completed the Health & Safety Form with information that is accurate, complete and true to the best of my knowledge.             |
| _____ | _____ | I agree to notify Adventureworks! of changes to my health and fitness that occur during the program.                                    |
| _____ | _____ | I fully comprehend and willingly assume the risks and responsibilities of participation in this program.                                |

I/we have read the above information, and agree to the terms of the Assumption of Risk and Responsibility.

PARTICIPANT Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN Signature (if under 18): \_\_\_\_\_ DATE: \_\_\_\_\_

**Photo Release:** Occasionally Adventureworks! will take photos for use in promotional materials.

Participant Initials	Parent/Guardian Initials
eg. <u>AW</u>	<u>RW</u>

_____	_____	I give permission for photographs or videotapes of me (or my child) to be used by Adventureworks! for promotional purposes.
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