



HEALTH STATEMENT



General Information:

Group or School Name: Johnson County Park & Recreation District Date of Program: _____

Participant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Personal Information:

Date of Birth _____ Age: _____ Gender: _____ Name of Physician: _____

Insurance Company: _____ Policy Number: _____

Health History:

Do you have asthma or other respiratory problems? (if yes, please bring inhaler) Yes No
Are you allergic to bee stings or other insects? Yes No Don't Know
Do you have any other allergies? (food, medication, etc.) Yes No

If yes, please list: _____

Do you have Diabetes? (If yes, please have food &/or medication available) Yes No

Do you have a history of seizures or blackouts? Yes No

Do you have high blood pressure or a history of heart problems? Yes No

You are at risk if you participate in this program. Please consult your physician prior to attending the program.

Do you smoke? (**please note: smoking is not allowed once you are on the course**) Yes No

Are you pregnant? You & your unborn child are at risk if you participate physically in this program. You should consult your physician prior to attending the program. Yes No Male

Do you have any fears or phobias that will affect you during our program? Yes No

Please explain: _____

Do you consider yourself in good physical and mental health? Yes No

Please state any physical, mental or behavioral concerns:

If answers are pertinent to our program: **In the last 3 years** –
Have you been hospitalized and/or had any surgeries? Yes No

If yes, please explain: _____

Have you had any broken bones, dislocated joints, sprains, back or neck injuries? Yes No

If yes, please explain: _____

Please list any medications you are currently taking: _____

Date of most recent Tetanus vaccinations or booster: _____

Describe your current level of physical fitness: _____

In case of emergency please notify:

Name: _____ Relationship to participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Representation and Emergency Authorization:

The information on this form is correct and accurate to the best of my knowledge. I am in good health and able to participate in challenge course & climbing activities at TimberRidge Adventure Center. I also understand and agree to abide by any restrictions placed on my activities. In the event of an accident or emergency, I hereby grant permission for Johnson County Park and Recreation District to seek appropriate medical assistance for the participant listed above.

Signature of Participant*: _____ Date: _____

Signature of Parent/Guardian*: _____ Date: _____

*I attest that the information here provided is complete to the best of my knowledge. Typing my name in this box serves as my signature, for legal purposes pertaining to JCPRD programs and KDHE requirements.



**TimberRidge Adventure Center
Johnson County Park & Recreation District
AGREEMENT TO PARTICIPATE;
ASSUMPTION OF RISK AND RELEASE OF LIABILITY
PLEASE READ BEFORE SIGNING**



The proposed activity provided by the Johnson County Park and Recreation District (JCPRD) at TimberRidge Adventure Center requires participation in physical exercises, which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart related or other diseases. All participants must be free of emotional, medical or physical conditions, which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

I understand the activities, games, elements, challenges, and climbing activities at the TimberRidge Adventure Center, owned and operated by the Johnson County Park and Recreation District, are physically and emotionally demanding and create risks and danger. The activities are in a variety of different outdoor surroundings and may involve lifting, running, climbing, swinging, jumping, and/or bending and the risks and danger may include, but are not limited to, loss or damage of personal property, emotional injury, personal injury or fatality due to falling from heights, slipping, tripping, straining, being struck by objects, allergic reactions to food, plants (such as poison ivy) or insects, and/or diseases such as Lyme disease and Rocky Mountain spotted fever which are known to be carried by ticks, and exposure to extremes or inclement weather. I understand the risks and danger varies depending on the challenge course and climbing activities that I am involved in and that heights may vary from 12 inches to 50 feet off the ground. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activities. Other than in winter, use of insect repellent is recommended.

I acknowledge and assume the responsibility to follow the directions of the staff and or facilitators during challenge course and climbing activities. I understand all activities are presented as "Challenge by Choice" and that my participation in any such activities is purely voluntary, and I elect to participate in spite of the risks. I am also able to limit my participation in activities as I see fit and at any time during an activity if I am uncomfortable or want to stop it is my responsibility to inform the group and the TimberRidge staff. I understand that wearing proper shoes is important and if I do not wear closed heel and toe shoes I will not be allowed to participate in activities or be on the challenge course.

Before participating in any activity, I agree to assess my medical, physical and emotional condition, and based upon such assessment I will decide whether any such condition could interfere with my safety in any such activity, in which case I will decline to participate. I understand that the TimberRidge staff is not qualified to determine who should or should not participate in any activity. I declare that I am not now under the influence of alcohol and/or drugs and I will not be under the influence of alcohol and/or drugs during my participation in the activities at TimberRidge.

By participating I agree to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any condition I may have and by my participation in the activity and I hereby waive, release, and discharge the Johnson County Park and Recreation District and its officers, employees and agents from any and all liability, action, claim and damages, of every kind or nature. This waiver and release shall be construed broadly to the maximum extent under applicable law. My signature on this document shall bind my next of kin, heirs, representatives, administrators, successors and assigns on my behalf.

I understand that a Health Statement is required to be completed before I participate in any activity and I have fully and accurately completed the Health Statement.

I grant to **the Johnson County Park and Recreation District** and persons acting for or through them the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of me for use in materials they may create.

I agree that any suit filed in reference to this experience or to interpret this document will be filed in Johnson County, Kansas and be governed by Kansas Law. This agreement shall continue in effect after the experience has concluded.

By signing this document, I am agreeing that I have carefully read, understand and agree to all of the terms. I acknowledge that if I am hurt during participation in any activity, I may be found by a court of law to have waived my right to recover any damages from the Johnson County Park and Recreation District and/or its officers, employees and agents on the basis of any claim from which I have released them herein.

If I am a minor, then both my parent or legal guardian and I are required to sign this Agreement. By signing below, the parent or legal guardian warrants that they are fully authorized to act for and to sign on behalf of the minor and they also agree to all of the terms of this Agreement.

Signature of Participant: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

*I attest that the information here provided is complete to the best of my knowledge. Typing my name in this box serves as my signature, for legal purposes pertaining to JCPRD programs and KDHE requirements.