

**Wartburg College First-Year Experience
ROPES HEALTH HISTORY AND RELEASE FORM**

Participant's Name: _____

Birth date: ____ - ____ - ____ Age: _____ Gender: M F Height: Weight: _____

Address: _____ Home phone: _____

Doctor's Name: _____ Phone (or city where located): _____

Contact Person in an Emergency: _____

Phone (home/work/cell): _____

Address: _____

HEALTH HISTORY

(Describe condition/treatment where possible)

Allergies (insect stings, drugs, etc.): _____

Conditions requiring regular medical attention (diabetes, epilepsy, etc.) _____

Recent injuries, illness, operations _____

Other physical limitations or chronic conditions (poor eyesight, etc.) _____

Emotional or behavioral illness (phobias, etc.) _____

PLEASE READ CAREFULLY BEFORE SIGNING

As a participant in the Wartburg College Ropes Course, I

1. agree to abide by the rules and regulations imposed on participants by Wartburg College.
2. understand and appreciate that there are a number of inherent risks involved in the activity which are beyond the control of the sponsoring agency or its staff and agree to personally assume such risks.
3. understand that every care and attention will be given to the health and comfort of the participants, but Wartburg College and /or leadership staff can not be held liable for any injuries sustained which were not directly caused by their failure to take due care.
4. assume full responsibility for my health being such that the activities will in no way aggravate any conditions present. Wartburg College will be notified of any changes in my health status prior to participation in the First-Year ROPES Experience.

I hereby authorize the leader of the event to secure such medical advice and services as may be deemed necessary for my health, and I agree to accept primary financial responsibility. It shall be at the discretion of the leader of the event as to what steps must be taken for my welfare and safety.

I declare that the statements on this form are true.

SIGNATURE: _____ DATE _____

(Participant OR Parent or guardian of minor participant under 18)