

**4-H CAMP PALMER, INC.  
Health Information**

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Physical activities conducted at 4-H Camp Palmer follow a "Challenge by Choice" philosophy. The level at which you participate is your choice. The information being requested is for the sole purpose of maintaining a safe environment during our activities and will remain strictly confidential. While all situations cannot be predicted, proper information from individuals will enable the facilitator to eliminate certain risks and to be properly informed in case of an emergency. We thank you for your cooperation.

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Activity Date: \_\_\_\_\_

**General Information:**

Please answer "yes" or "no" to the questions below: if "yes" describe in the spaces below.

- |  |                          |                          |  |                          |                          |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
|  | Yes                      | No                       |  | Yes                      | No                       |
| 1. Smoker                              | <input type="checkbox"/> | <input type="checkbox"/> | 7. Emergency room visit within past year                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Pregnant                            | <input type="checkbox"/> | <input type="checkbox"/> | 8. Neck/Back/Shoulder/Knee/Ankle pain,<br>injury or persistent limb problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Medical equipment                   | <input type="checkbox"/> | <input type="checkbox"/> | 9. Other medical issues/illness symptoms<br>or requirements                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Seizure within past year            | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |
| 5. Family history of heart attack      | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |
| 6. Hospitalization within past 2 years | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |

Please list current conditions which may limit your participation.

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**Medical Information:**

A. Allergies: (including Medicines, Foods, Bites, and Stings) list below: \_\_\_\_\_ None

Allergy	Reactions	Medication required

B. Medications: List any medications you are using, including psychiatric and over-the-counter medications below: \_\_\_\_\_ None

Medication	Condition	Dosage(size/frequency)	Current side effects

C. Current Exercise Activity Level: Please List \_\_\_\_\_ None

Activity	Frequency	Time/Distance	Leisure	Moderate	Intense

In case of emergency, please call:

\_\_\_\_\_  
Name Relationship Work Phone Home Phone

- The above statements are true to the best of my knowledge
- I hereby decline to provide the requested information

## STATEMENT OF UNDERSTANDING

In signing this Statement of Understanding, you are aware that certain physical activities are demanding. Therefore, physical fitness will increase your enjoyment and the ability to participate in the activities. If for any reason, you question your ability to participate in the activities, please consult with the facilitators before participation. While it is impossible to foresee all possible dangers, some specific hazards you might encounter while using the ropes course, Team Building course, and individual high elements include; slipping or falling on the trail, bumps, bruises, cuts, rope burns, insect bites, poison ivy, sprains, fractures, or other injuries. Please note most activities are conducted outside in all kinds of weather, so proper dress (rain gear, warm clothing) are essential to avoid undue exposure to the elements.

The facilitators will take every reasonable precaution to minimize exposure to known risks; however as a participant, you acknowledge the nature of the activities and the fact that not all stresses and hazards connected with the activities can be foreseen. You have the personal responsibility to follow the established safety rules and procedures to the extent you participate in such activities. If, at any time, you have questions about the activities, you have the responsibility to consult your facilitator. Sponsoring agencies have the responsibilities to provide a progression of appropriate activities leading to the 4-H Camp Palmer Challenge by Choice.

I recognize there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify that I am fully capable of participating in the adventure activities. I assume full responsibility for myself, for bodily injury, death, loss of personal property, and expenses thereof, as a result of my negligence.

I also realize that any photos taken of me by staff during the activities become property of 4-H Camp Palmer, Inc. and I will receive no compensation for said photos.

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Authorization

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Date

4-H Camp Palmer, Inc.  
26450 County Rd MN  
Fayette, OH 43521  
(419) 237-2247