



## CHALLENGE PROGRAM – ROPES COURSE HEALTH STATEMENT

This form must be reviewed, verified and approved by the participant's Parent or Guardian if participant is under 18 years of age.

Organizing Agency or Group:		Date of Program:			
Participant's Legal Name:					
Preferred Name:	Age:	Date of Birth: M	/D	/Y	
Address:					
		Phone			
Emergency Contact:	F	Phone:			
Do you have any known physical	or medical conditions which	could limit your participat	ion or ph	ysical activity	
(such as asthma, phobias, diabetes, to activity:	, ,	J 11 C J 1	ist condition	ons and limits	
List all medications taken that could	d impact your ability to engage	e in the activity:			
List known allergies and reaction: _					
By initialing here, I agree to br This includes medication such as in		=			
Any additional relevant medical/p	physical information:				
The information I have provide which may affect my health at (PCCE). I realize failure to disparticipants. I agree to hold the Arizona, Pima County Cooperclaims, injuries or damages to this form and all medical and employer, or other persons of Print Your Full Name:	nd participation in the Pima close information could res he State of Arizona, the Ariz ative Extension, (PCCE) and o me. In case of emergency, a accident report forms to do r entities deemed appropria	County High Ropes Challe ult in serious harm to mys ona Board of Regents, the their employees and ager this consent also authorize ctors, hospitals, insurance te by PCCE.	enge Prog self and fo Universints harml es the rel	gram ellow ty of less from lease of	
Your Signature:		Date:			
(Parent or Guardian	must sign if participant is under 18)				

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