

**White Mountain Exploration, LLC
Health Disclosure Form**

Name: _____ Age: _____ Program: _____

Emergency Contact: _____
(Name) (Phone)

Please Read: Participation in adventure based activities, by nature, contains a variety of physical, emotional, and psychological challenges. This form serves to remind participants of the seriousness of participating in such activities with a pre-existing medical condition. This information is confidential.

1. Do you have any pre-existing medical conditions or previous injuries? Yes / No
If yes, please explain: _____

2. Do you foresee any problems participating in the upcoming White Mountain Exploration activity due to your previous condition? Yes / No

3. Do you have a disability? If yes, please indicate the functional implications Yes / No
And any concerns about participating due to the disability. _____

4. Are you currently taking any medications (Prescription or non-prescription) Yes / No
That may affect your participation in your selected program? If yes, please list:

5. Do you have any heart conditions, high blood pressure, or respiratory ailments? Yes / No
If yes, please explain: _____

6. Do you have any allergies to food, bees, insects, plants, or medicines? Yes / No
If yes, have you ever experienced a severe allergic reaction? Yes / No
If yes, do you carry medication with you? _____

7. Do you have a history of severe Acrophobia (fear of heights) Yes / No

8. Please describe your current level of physical activity: Yes / No

1 2 3 4 5 6 7 8 9 10
Not-Active Very Active

Participant – Please Read and Sign

I have honestly disclosed to the staff any medical, psychological, or personal information regarding my health. I will remember that a **Challenge-By-Choice** atmosphere exists at all times, and I should not feel pressured to participate in any activity in which I do not feel comfortable.

Signature

Date