

Rising Phoenix Adventures, LLC

Medical History Form

During all of our activities, clients are expected to take personal responsibility for their own safety.

Please consider the statements below carefully as you complete this Medical History Form. Withholding knowledge of previous Medical conditions may adversely affect the safety of every member of the group.

Name: _____ E-mail: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Home / Work (please circle one)

Who to Contact in Case of Emergency:

Name: _____ Phone: _____
Name of Physician: _____ Physician's Phone: _____
Name of Medical Insurance Provider: _____
Group Number: _____

Please list any current or past medical conditions that may be affected or aggravated by your participation in a *Rising Phoenix Adventures* activity, including:

Cardiac/Respiratory Problems, Diabetes, Neurological Problems, Musculoskeletal Injuries, Etc...

Are you allergic to any plants, animals, insects, foods or medications?

Date of your last Doctor visit and why:

Your age: _____ Height: _____ Weight: _____

I understand and acknowledge that *Rising Phoenix Adventures* is not making a determination of my fitness for an activity; rather, I represent to *Rising Phoenix Adventures* and verify that I am physically fit and ready for an activity by placing my initials here:

Please initial here _____

Verification of Accuracy and Full Disclosure

I understand and acknowledge that my failure to disclose relevant information may result in harm to myself and to others during an activity. I represent and warrant that I have provided all material and important information pertaining to my medical, mental and physical condition in view of my participation. I agree to notify the *Rising Phoenix Adventures* activity leader if there is any change in my mental, physical or medical condition prior to my scheduled activity.

Please initial here _____

Consent for Medical Treatment

I consent to emergency first aid or medical treatment, which may become necessary during or in connection with my participation in a *Rising Phoenix Adventures* activity.

Please initial here _____