

Seventh-day Adventist® Church

AFFIRMATION AND LIABILITY RELEASE

HEALTH STATEMENT FORM

All participants must be free of medical or physical conditions which might create undue risks to themselves or any others in the group who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should consult a physician. (NOTE: If you have had any heart-related problems, you will need to have a release form from a physician in order to participate in the activities.)

Name _____ Date of Birth _____ Gender _____

Address _____ Age _____

City _____ Province _____ Zip _____

Emergency Contact _____ Relationship _____

Emergency Contact Address _____

Home Phone _____ Other Phone _____

City _____ Province _____ Zip _____

HEALTH HISTORY

Have you had or do you currently have any heart problems?	Yes	No
Do you frequently suffer from pains in your chest?	Yes	No
Do you often feel faint or have spells of dizziness?	Yes	No
Has a doctor ever told you that you have high blood pressure?	Yes	No
Do you have arthritis, joint, or back problems that are aggravated by exercise?	Yes	No
Have you had any operations or serious injuries?	Yes	No
Do you have any physical disabilities or chronic recurring illness?	Yes	No
Do you have epilepsy or other seizure disorder?	Yes	No
Do you have diabetes?	Yes	No
Do you have allergic reactions?	Yes	No
If yes, please list all allergies _____		
Are you currently sick and/or using medication?	Yes	No
If yes, please list _____		
Do you have any prescribed meal plan or dietary restrictions?	Yes	No
If yes, please describe _____		
Are there any activities to be limited/discouraged by physicians' advice?	Yes	No
If yes, please list and explain _____		
Do you carry extended health insurance?	Yes	No
Carrier _____ Policy # _____		



GENERAL HEALTH STATEMENT

Please list/explain any additional medical information (use additional paper if required and attach to this page)

REPRESENTATION AND EMERGENCY AUTHORIZATION

I have completed this health history honestly and completely, and I believe my health is satisfactory to participate in the Activities.

I hereby give permission to the medical personnel selected by Alberta Conference – Club Ministries to order injection and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include, but is not limited to, charges incurred for the providing of aid and arranging evacuation if the Alberta Conference – Club Ministries or its agents determine that such evacuation is necessary and desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and or any medical care, and I acknowledge any restrictions placed on my activities.

_____ Signature of Participant	_____ Date
_____ Signature of Parent or Legal Guardian (if applicable)	_____ Date
_____ Witness	_____ Date

