

ZiptheUSA, LLC, dba WIRED
HEALTH STATEMENT

The proposed activity provided by **WIRED** requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart or any other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risks to themselves or any others 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 have a physical examination prior to participating.

Name _____ Birth Date _____

Address _____ Gender _____

City, State, Zip _____ Age _____

Work Phone _____ Home Phone _____

In Case of an Emergency Notify _____

Home Address _____ Home Phone _____

City, State, Zip _____ Work Phone _____

Health History: (Circle the appropriate answers and describe any YES answers)

Have you or do you currently have any heart problems (dates: _____) YES NO
(NOTE: IF YOU HAVE HAD ANY HEART RELATED PROBLEMS YOU WILL NEED TO HAVE A RELEASE FORM FROM A PHYSICIAN IN ORDER TO GO THROUGH ZIP LINE CHALLENGE COURSE)

Do you often feel faint or have spells of severe dizziness: _____ YES NO

Has your doctor ever told you that you have high blood pressure: _____ YES NO

Do you have arthritis, joint, or back problems that might be aggravated by exercise: _____ YES NO

Do you have disabilities or chronic recurring illness: _____ YES NO

Have you had any operations or serious injuries (dates): _____ YES NO

Are there any activities to be limited/discouraged by physician's advice: _____ YES NO

Are you allergic to any medicines, insects or pollen: _____ YES NO

Do you have epilepsy: _____ YES NO

Do you have diabetes: _____ YES NO

Are you currently sick and/or using a medication that is not listed above: _____ YES NO

Do you carry family medical/hospital insurance: _____ YES NO

Carrier: _____ Policy Number _____

Suggestions or health related information for **WIRED** personnel: _____

General health statement: _____

Representation and Emergency Authorization

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in zip line/challenge course activities. I hereby give permission to the medical personnel selected by **WIRED** to order injection and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall include, but not be limited to, charges incurred for providing of aid and arranging evacuation of **WIRED** or its agents, determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the cost of any specialized means of evacuation and of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree by any restrictions placed on my activities.

SIGNATURE OF PARTICIPANT _____ DATE _____

WITNESS _____ DATE _____

How did you hear about us? _____