

Tour Date: \_\_\_\_\_  
Tour Time: \_\_\_\_\_

## **Tree Frog Canopy Tours Medical Questionnaire**

### **Medical Concerns**

Participants must be reasonably fit. They should be able to walk unassisted up stairs. They may be required upon occasion to pull themselves along a stretch of cable if they should lose momentum before reaching any given landing platform (guides may assist with this process). The canopy tour is designed for use by participants of at least average mobility and strength who are in reasonably good health between 90 and 250 pounds and at least ten years of age. Obesity, high blood pressure, cardiac & coronary artery disease, pulmonary problems, arthritis, tendonitis and other joint & musculoskeletal problems and some psychological and psychiatric problems, may all increase the risks of the experiences and cause the Participant to be a danger to him/herself or others. If you are uncertain as to whether or not you are fit enough to participate, you should consult your doctor before doing so.

**Please Read:** This form is intended to remind staff and participants of the seriousness of attempting adventure activities with an old, existing injury, heart problem or other conditions which might be aggravated by the canopy tour. This information will be held in the strictest of confidence, and may be discussed in private with your guides.

### **Questions**

### **Response (circle)**

- |   |     |    |
|---|-----|----|
| 1. Any pre-existing injuries (ankles, knees, etc.) that might be aggravated by the event?                         | YES | NO |
| 2. Taking any current medications?  | YES | NO |
| 3. Any heart problems or heart medication?  | YES | NO |
| 4. Any pressure or coercion from others to participate?   | YES | NO |
| 5. Do you have high blood pressure?   | YES | NO |
| 6. Do you have any allergies (food, bees, insects), reactions or medications or physical limitations?             | YES | NO |
| 7. Do you foresee any problem participating in the upcoming Canopy Tour due to lack of physical exercise at home? | YES | NO |

I declare that I, or if I am the Parent, the minor Participant, am/is in reasonably good health, not pregnant, nor have any existing injuries not listed above, or any serious musculoskeletal disorders, do not have epilepsy or seizure disorders that impair my ability to drive, am not under the influence of alcohol, illegal drugs, or prescription drugs that impair me in any way, do not have a heart condition that require immediate medical attention, do not have hemophilia or disorders that require me to take high doses of blood thinning medication.

Please list all medications that the Participant may need at a moment's notice:

\_\_\_\_\_  
Please list all drug allergies and general allergies of the Participant:

\_\_\_\_\_  
Is there anything else we should know about you? \_\_\_\_\_

\_\_\_\_\_  
In case of emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

**Participant**, please read and sign: I have honestly disclosed to the staff any medical, psychological or personal reasons that might affect my safety or the safety of others during the canopy tour.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name