



## Medical questionnaire on physical condition & acceptance General Terms and Conditions

By filling out this form you support our efforts to assure your safety within the High Rope Course. The information you provide is subject to our strictest data privacy protection and is only available to the trainer on site. It helps to prevent injuries and serves as best possible precaution in safety issues: I hereby certify that I am in good physical and mental condition. If one of the following indications applies, I will contact the trainer.

<b>Indication – please tick:</b>	<b>Yes</b>	<b>No</b>
➤ Cardiovascular diseases (e.g. vascular heart defect, cardiac infarction, blood pressure issues, ...)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Spinal conditions (e.g. spinal disorders, backaches, ...)even if they date back in the past	<input type="checkbox"/>	<input type="checkbox"/>
➤ Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
➤ Musculoskeletal disorders (e.g. ligament rupture, subluxation, strain trauma, muscle injuries)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Recent surgery/operations	<input type="checkbox"/>	<input type="checkbox"/>
➤ Chronic illnesses (e.g. asthma, epilepsy, diabetes, ...)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Allergy to substances that occur outdoor (e.g. bee-sting, ...)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Infectious diseases within the recent six months	<input type="checkbox"/>	<input type="checkbox"/>
➤ Alcohol or drug ingestion which restricts the participation	<input type="checkbox"/>	<input type="checkbox"/>
➤ Fever within the last week	<input type="checkbox"/>	<input type="checkbox"/>
➤ Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
➤ Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>

The activities in the High Rope Course are voluntary and I participate at my own responsibility. I determine the intensity and the extent of my physical activity solely by myself. With the signature\* on this form I attest the careful reading, understanding and accepting the general terms and conditions, the use rules as well as this health questionnaire. (The general terms and conditions as well as the use rules can be found at our office and as download on [www.highlive.org](http://www.highlive.org))

### **Participant:**

Surname, Given Name:	
Street:	Town:
Age:	Telephone:
Date/ Town:	Signature*:

\* minors have this signed by their parents or legal guardians!

In the case of an emergency please contact:

Surname, Given Name:	Telephone:
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