

**TIMBERLAKE  
PARTICIPANT HEALTH HISTORY FORM**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

**PLEASE READ:** This form is intended to remind leaders & participants of the seriousness of attempting adventure activities with an old or pre-existing injury, a heart condition or other condition which might be aggravated by the event.

**QUESTIONS:** Please Circle **Y** for Yes & **N** for No

1. Any preexisting injuries (ankle, knee, back, neck, etc) that might be aggravated by participating?  
**Y or N**
2. Taking any current medications? **Y or N**
3. Any hear problems or heart medications? **Y or N**
4. Do you have high blood pressure? **Y or N**
5. Do you have allergies (food, bees, insects, medications, etc.)? **Y or N**
6. Do you have any physical limitations? **Y or N**
7. Current level of activity back home? **LOW MED HIGH**

**If you answered YES to any questions above, please discuss that item with your group leader.**

**Please include any additional information that you feel is relevant:**

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**SIGNED:** \_\_\_\_\_

In case of emergency, please provide a contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_