



Northeast Georgia Council  
Boy Scouts of America  
P. O. Box 399 - Jefferson, GA 30549  
[www.nega-bsa.org](http://www.nega-bsa.org)



## MEDICAL INFORMATION FOR HIGH ADVENTURE PARTICIPANTS

You are about to take part in a High Adventure experience. During the activities, you will undertake a wide variety of physical and mental challenges, in an environment designed with safety in mind.

Many participants ask us about the physical requirements for taking part in the activities. We find that the best way to answer this question is to compare these activities to a variety of common pastimes with which we are all familiar.

For most of the time, you will be undertaking activity which is best described as “**moderate exertion**”. This is comparable to: normal walking, golfing on foot, downhill skiing, raking leaves, waiting tables, fishing, calisthenics, hanging wallpaper, interior painting, or slow dancing. There will be some situations where, for a few minutes, you will be engaged in “**vigorous exertion**”. This is comparable to: slow jogging, speed-walking, tennis, swimming, cross-country skiing, shoveling snow, fast biking, mowing with a push mower, pruning trees, heavy gardening, overhead work, ice hockey drills, softball, laying bricks, hurried restaurant work, or climbing a ladder.

If these types of activity are difficult for you, we would like to have you discuss your participation in the activity with a physician who knows your health history. If these are activities in which you regularly engage without difficulty, you should be fit for participation.

Finally, there are a few specific medical conditions about which participants should **always** seek advice from their physicians before engaging in High Adventure activities. If any of these apply to you, you **must** consult with a physician before participation. If you or your physicians have any questions about these conditions or about challenge course activities, feel free to contact us at (706) 974-9537.

*Pregnancy* (Climbing harness can injure uterus.)

*Kidney or liver transplant* (Climbing harness can injure transplanted organ.)

*Healing fracture or joint injury* (Should be cleared by treating physician.)

*Recent surgery* (Should be cleared by treating physician.)

*Down syndrome* (Should have x-ray check for neck instability, as per recommendations of the Special Olympics.)

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I have reviewed this material, and have consulted with my physician if appropriate. I believe that I am fit to participate in the High Adventure activity. I understand that I am not required to complete any event, and am free to modify my participation at any time.

\_\_\_\_\_  
(signature)

Date \_\_\_\_\_



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## AGREEMENT TO PARTICIPATE

First Name \_\_\_\_\_ M. I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Work

In case of emergency please contact: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

List of known allergies: \_\_\_\_\_

List required medications: \_\_\_\_\_

If you are allergic to bee stings? Yes No      If so, do you have a bee sting kit? Yes No

Do you wear contact lenses? Yes No

Do you have any medical conditions that we should be aware of? If Yes List:

\_\_\_\_\_

I am not under the influence of any chemical substance including alcohol. I understand that my participation in the Northeast Georgia Council BSA High Adventure programs is entirely voluntary. I fully understand and acknowledge that: (a) outdoor recreational activities have inherent risks, dangers and hazards and such exists in my use of Northeast Georgia Council's equipment and my participation in outdoor adventure activities; (b) my participation in such activities and use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, other ailments that could cause serious disability or death; (c) these risks and dangers may be caused by negligence of participants, the negligence of others, accidents, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes, including, but not limited to, weather, trail, and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environments; and (d) by my participation in these activities and /or use of equipment, I hereby assume all risks and danger and all responsibility for any losses and /or damages, whether caused in whole or in part by the negligence or other conduct of the agents, officers, or employees of the Northeast Georgia Council, BSA, or by any other person.

I voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the Northeast Georgia Council, BSA its officers, employees, and volunteers from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services, or otherwise which may arise out of use of Northeast Georgia Council – BSA equipment, or my participation in outdoor activities.

I have read the above and by signing it agree. It is my intention to exempt and relieve Northeast Georgia Council – BSA from liability for personal injury, property damage, or wrongful death caused by negligence or any other cause.

Signature \_\_\_\_\_ Date \_\_\_\_\_