

Cairn Leadership School, LLC

Application Information and Confidential Medical Information

Although Cairn Leadership School, LLC is not subject to HIPPA (Health Insurance Portability and Accountability Act) privacy rules (in regard to workshop participants), we do keep all medical information confidential.

Cairn Leadership School, LLC programs and training workshops use a variety of activities including warm-ups, games, team building initiatives, low and high challenge course activities. Some of these activities can be physically demanding. Although some activities are physically demanding, our programs are designed to be within the capability of anyone who is in reasonably good health.

All activities are presented on a "Challenge by Choice" basis. This means participants choose their own level of participation. Although safety is a very high priority for all Cairn Leadership School, LLC activities, there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury.

Each participant of Cairn Leadership School, LLC is required to have health/ accident insurance coverage. The information requested on this medical information form is intended to help inform Cairn Leadership School, LLC staff of any pre-existing medical condition, as participation in some or more activities may not be recommended. This information will be kept in strict confidence by Cairn Leadership School, LLC and only shared with your permission, or in an emergency.

Part One – General Information

Name: _____ Sex: M ___ F ___ Date of Birth _____
Height _____ Weight _____

Emergency Contact:	In the event of injury or illness, please indicate who should be contacted
Name: _____	Relationship _____
Best phone number to contact them with _____	Alternate phone number _____
Address _____	

Do you have any health/ accident insurance? **Yes** **No**
If yes, name and address of company and your identification number

Do you have limiting medical conditions that you or your doctor feel would limit your participation in a Cairn Leadership School, LLC training? **Yes** **No**
If yes, Please explain

Are you currently taking medication? **Yes** **No**
If yes, please identify the medication and condition being treated

Do you have any allergies, reactions to medications, or other medical limitations? **Yes** **No**
If yes please explain

Part Two – Medical History

Do you currently have the following OR do you have any history of the following?

___ Heart Palpitations ___ Heart Attack ___ Heart Disease ___ Heart Murmur
___ High Blood Pressure ___ Chest Pain or Pressure ___ Stroke
___ Symptoms of Chest Pain or Pressure with exertion. ___ Currently taking Medication for High Blood Pressure
If you checked any of the items above, please provide additional information

Part Three- Additional Factors

Do you have diabetes? **Please Circle Yes or No**
Yes **No**
If yes, please circle if it is Insulin Dependent OR Non Insulin Dependent
Is there a history of heart disease in your family? **Yes** **No**
If yes, please explain
Do you smoke? **Yes** **No**
Are you a former smoker? **Yes** **No**

Cairn Leadership School, LLC

If yes, how long ago did you quit? _____ Please indicate which statement best describes how often you exercise:
_____ little or no exercise on a regular basis
_____ occasional exercise 1 or 2 times per week
_____ vigorous exercise (e.g., 20 minutes of running, walking at a fast pace or equivalent 3 times per week or more)

Physician Consultation

If you checked **any** boxes in **Part Two – Medical History**, We strongly recommended that you consult with your physician prior to participating in any Cairn Leadership School, LLC programming or other strenuous physical activity. These conditions include a personal history of heart disease, chest pain or pressure, high blood pressure, or stroke.

Diabetes, smoking, sedentary lifestyle, being overweight, family history of heart disease, and age (over 45) are also recognized as cardiac risk factors. If you have **three or more** of these risk factors, we strongly recommend that you consult your physician prior to participating in Cairn Leadership School, LLC programming or other strenuous physical activity.

This medical information form is intended to help prospective participants determine who may need to consult with their physician prior to participation. If you are uncertain about **any** preexisting medical conditions, we strongly recommend that you consult with your own physician prior to participating in any Cairn Leadership School, LLC programming.

In preparation for this Cairn Leadership School, LLC program I have consulted with my physician: (circle one) NO YES

If yes, check most appropriate description:

- _____ I have been advised that I may participate fully in the workshop without limitation
- _____ I have been advised that I should **not** participate in a Cairn Leadership School, LLC program
- _____ I have been advised that I may participate in the programming, but should avoid certain activities. Please provide additional information:

Participant Release of Liability

I affirm that the confidential medical information that I have provided is accurate and complete. I understand that failure to disclose all pertinent information could affect my own safety and those around me, and I agree to indemnify and hold Cairn Leadership School, LLC harmless if full disclosure of a preexisting medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary.

I understand that parts of Cairn Leadership School, LLC programming may be physically and emotionally demanding. I agree to follow all safety instructions given by Cairn Leadership School, LLC staff during the program or workshop. I recognize the inherent risk of injury or disability in Cairn Leadership School, LLC activities. I understand that each participant must assume the risk of injury or disability that could result from any of these activities. I release, indemnify and hold harmless Cairn Leadership School, LLC, its owners, officers and staff members, and the property owner of Cairn Leadership School, LLC's physical plant from all liability for injury to me or damage to my personal property resulting from participation in Cairn Leadership School, LLC activities.

Participant Signature _____ Today's Date: _____ Date(s) of Program: _____

Photo/ Media Release

I grant to Cairn Leadership School, LLC the right to use, reproduce, assign and/ or distribute photographs, films, videotapes, and sound recordings of me for use in materials they may create.

Signature: _____ Date: _____