

Community Adventure Program  
c/o Cherry Creek High School  
9300 E. Union Ave.  
Greenwood Village, CO 80111  
720-554-2458



Cherry Creek  
Schools  
Dedicated to Excellence

## EMERGENCY INFORMATION FORM ADULT PARTICIPANT

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

IN AN EMERGENCY CONTACTED AND NOTIFY: \_\_\_\_\_  
(RELATIONSHIP)

NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_

KNOWN ALLERGIES AND OTHER MEDICAL CONCERNS:

\_\_\_\_\_  
\_\_\_\_\_

The CCHS challenge course staff members may apply first aid treatment until professional medical personnel can be contacted and we give consent for CCHS staff members to use their own judgment in securing medical aid and ambulance service in case I cannot be reached.  
Please initial: YES \_\_\_\_\_ NO \_\_\_\_\_

MEDICAL CARRIER \_\_\_\_\_ POLICY OR GROUP # \_\_\_\_\_

SUBSCRIBER NAME: \_\_\_\_\_

I understand that if I do not carry medical insurance that I am financially responsible for any medical injuries that may occur in this program. Please initial: YES \_\_\_\_\_

PHOTO RELEASE: I authorize and release to Cherry Creek Schools and persons acting for or through them, the right to use, reproduce, assign and or distribute, photographs, films, videotapes and sound recordings of myself for use in materials they may create for Cherry Creek School District #5.

PARTICIPANTS' NAME: (Please Print)

\_\_\_\_\_

PARTICIPANTS SIGNATURE:

\_\_\_\_\_

DATE \_\_\_\_\_

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**CHALLENGE COURSE  
RELEASE, ACKNOWLEDGMENT OF RISK, ASSUMPTION OF PERSONAL  
RESPONSIBILITY AND INDEMNITY FOR  
ADULT PARTICIPANT**

I understand that during my participation in Community Adventure Program Challenge Course activities, I may be exposed to risk of possible injury, which could be serious.

I understand, too, that it is not possible for Cherry Creek Schools, its employees, or agents, to guarantee or otherwise assure the effectiveness or use of safety measures, in every instance. I further understand that mistakes, errors or neglectful acts or omissions may happen and that equipment may fail. Also, I understand that I assume the risk for any injuries or damages resulting from my participation in these activities.

I have accepted responsibility to verify with my physician that I have no physical or psychological problems that would prohibit my participation in these activities, and agree to comply with the instructions and directions of Cherry Creek Schools staff members during my participation in the Community Adventure Program Challenge Course activities.

I \_\_\_\_\_, in return for my opportunity to participate in the Community Adventure Program Challenge Course activities, which includes the use of equipment, do hereby exempt and release the Cherry Creek School District #5, its directors, officers, employees, volunteers and agents, from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I might sustain while I am participating in Community Adventure Program Challenge Course Activities, whether or not such damage, loss or injury results from the negligence of the Cherry Creek School District #5, its directors, officers, employees, volunteers or agents, or any defective equipment. I also understand that if I do not sign this RELEASE then I will not be permitted to participate in the Community Adventure Program Challenge Course activities. I hereby represent that I am 18 years of age or older.

I/we further acknowledge that no representations or promises by Cherry Creek School District #5 representatives have been made to induce me to sign this release, and that I/we have read the CCHS Community Adventure Program Brochure attached hereto in which the elements of the course have been described, and have been given an opportunity to see the course itself. I further agree to indemnify, hold harmless and defend Cherry Creek School District #5 from any claim, cause of action or demand, of any sort or nature which may at any time be filed or asserted arising out of and in connection with my participation in the Community Adventure Program Challenge Course activities, which indemnification shall include any costs and attorney's fees that may be incurred by the Cherry Creek School District # 5 as a result of any claims, causes of action or demands.

\_\_\_\_\_  
PARTICIPANTS' NAME: (Please Print)

\_\_\_\_\_  
PARTICIPANTS SIGNATURE:

DATE \_\_\_\_\_



## Cardiovascular Risk Assessment Adult Participant

Name: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_

Gender: M or F

Age: \_\_\_\_\_ years

Height: \_\_\_ ' \_\_\_"

Weight: \_\_\_\_\_ lbs.

The following medical information may help you in the event of a medical emergency. Please complete this form as accurately and truthfully as possible. Read it through carefully. The facts you disclose will be confidential and will only be used to help staff respond to a medical emergency.

### Medical History:

- |   |     |    |
|---|-----|----|
| 1. Do you have any history of heart disease or heart attack?  | Yes | No |
| 2. Do you have any history of high blood pressure?  | Yes | No |
| 3. Do you ever have chest pains or palpitations?  | Yes | No |
| If yes: Have you seen a doctor about these symptoms?  | Yes | No |
| Are they associated with shortness of breath?   | Yes | No |
| Are they associated with sweating or anxiety?   | Yes | No |
| 4. Have you ever had a stroke?  | Yes | No |
| 5. Do you have diabetes or elevated blood sugar?  | Yes | No |
| 6. Have you ever had your blood lipids checked?<br>(blood lipids are cholesterol, triglycerides, LDL, HDL)<br>If yes: Were they elevated? | Yes | No |
| 7. Is there a family history of heart disease?  | Yes | No |

If you circled yes to any of the above, please explain below:

# \_\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OVER



**Social History:** Describe briefly your use of the following:

Tobacco: Packs per day \_\_\_\_\_ times years \_\_\_\_\_ Date quit \_\_\_\_\_

Alcohol: Type and amount \_\_\_\_\_

Caffeine: Cups per day \_\_\_\_\_

Please describe your exercise routine and general level of fitness.

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**Summary of cardiovascular risk factors:**

The following information is provided for you to read for your information only.

**AGE:** Risk of cardiovascular disease and an acute cardiac event go up dramatically for men over 45 years and women over 55 years.

**SMOKING:** Currently smoking with a greater than a ten pack per year history is at a significant risk for heart disease.

**ALCOHOL:** Consuming more than one drink per day increases the risk of developing cardiovascular disease.

**FAMILY HISTORY:** Very strong predictor of the risk of developing heart disease.

**HIGH BLOOD PRESSURE:**

Is a form of cardiovascular disease. If the blood pressure is not well controlled you are at considerable risk of an acute cardiac event.

**ELEVATED BLOOD LIPIDS:**

A strong risk factor.

**DIABETES:** A strong risk factor.

**LACK OF EXERCISE:** Predisposes people to cardiovascular disease.

In the summary of cardiovascular risk factors, someone with one or two risk factors is not a concern, but anyone who is positive for three or more risk factors should be evaluated by a physician and have written clearance that they are in good cardiovascular health before participating in physical activities.