



CHALLENGE ASPEN

MEDICAL RELEASE

Summer and winter recreational activities with Challenge Aspen are physically oriented and all involve a level of inherent danger. Furthermore, these adaptive activities take place at altitudes of 6,000 feet and above. Prior to taking part in Challenge Aspen programs, we require that each participant have physician's approval in order to ensure the safety of each individual.

The release below must be signed off by the participant's physician before the first day of camp.

PERMISSION TO PARTICIPATE IN CHALLENGE ASPEN PROGRAMS:

Your patient, _____, wishes to take part in an adaptive recreation experience with Challenge Aspen. Are there any medical factors in your patient's history that would affect his or her ability to safely participate in this non-medically supervised program?

YES

NO

If yes, please list and explain: _____

Please identify any recommendations or restrictions that are appropriate for your patient: _____

Is this patient currently taking any medications that will be affected by high altitude activity?

YES

NO

If yes, please list and explain: _____

My patient, _____, has my approval to take part in Challenge Aspen adaptive recreation programs with the restrictions and/or recommendations stated above.

Physician Name: _____

Work Phone: _____

Physician Signature: _____

Date: ____/____/____