

Thank you for your participation in _____ (hereinafter, Activity)

Although we take every precaution to ensure the safety of our Activities so that you can enjoy and experience nature, your participation is highly dependent on your health, physical condition, and behavior. Please be aware that there are inherent risks involved in participating in Activities, and be sure to follow the instructor's instructions during your participation.

We would appreciate your cooperation in answering the following questions to help us determine whether you will be able to safely participate.

Questions about Health and Illness

Please answer "Yes" or "No" to the following questions. (Please circle either one)

If there is a "Yes", you cannot participate in this Activity.

I am currently pregnant or possibly pregnant	Yes / No
I have had asthma, wheezing, severe allergies, hay fever, or blocked airways within the past year that have limited my physical activity	Yes / No
I have had asthma symptoms within the past year or am taking asthma medication	Yes / No
I have or have had bronchitis or lung disease	Yes / No
I have or have had epilepsy, seizures, or convulsions, and I take medication to control them	Yes / No
I have or have had any health problem that may cause me to lose consciousness or pass out	Yes / No
I am or have been diabetic	Yes / No
I have or have had hypertension, or I am or have been taking medication to control blood pressure, such as antihypertensives	Yes / No
I have or have had any heart disease or attack (myocardial infarction, angina pectoris, heart surgery, arterial surgery, etc.)	Yes / No
I have or have had a blood or blood vessel disease (e.g., stroke, bleeding disorder)	Yes / No
I have or have had ear disease (e.g., Meniere's or otitis media)	Yes / No
I have behavioral or mental/psychological problems (e.g., anxiety, claustrophobia, agoraphobia, etc.)	Yes / No
I have been restricted in my exercise or lifestyle by my doctor, both now and in the past	Yes / No
I have consumed alcohol today	Yes / No
I am or may be unable to follow the instructor's instructions	Yes / No
I have a medical history or health problem that does not fall into any of the above categories but is or may be a safety hazard	Yes / No

Date 20 ____ / ____ / ____

Participant signature _____ (Birthdate ____ / ____ / ____ Age ____)
Year Month Day

※ Signature of parent or guardian for minors _____

Room number _____

Address 〒 _____

Telephone _____

Emergency Contact _____