

PECOMETH CHALLENGE COURSE PROGRAM

136 Bookers Wharf Road, Centreville, MD 21617 410-556-6900 fax: 410-556-6901 www.pecometh.org

PARTICIPANT FORM FOR ADULTS

activities in which you regularly engage without difficulty, you should be fit for participation.						
PART II: ABOUT PHYSICAL REQUIREMENTS & MEDICAL CONDITIONS You are about to participate in a challenge course program. You may experience a variety of physical and mental challenges. For most of the time, you will be undertaking activity which is best described as motorate evertion, comparable to normal waiting, raking lexies, paddling, gibt calisthesis, etc. There may be situations during the program where you may experience upstore secretion. This is comparable to some participation in the course with a physician who knows your health history. If these pare activities are difficult for you, we would like you to discuss your participation in the course with a physician who knows your health history. If these are activities in which you regularly rengage whose of whose the first or participation in the course with a physician who knows your health history. If these are activities or about challenge course activities, feel free to corativa at 14(1)-556 F41. If any of these specific medical conditions apply to you, you must consult with a physician before participation. If you or your physician has any questions about these conditions or about challenge course activities, feel free to corativa at 14(1)-556 F41. If any or liver investigating a climbing partners may not be addeded. Consultation with physician is highly recommended. I didney or liver investigating a climbing partners was a strictly a consultation of the Special Olympics. In these reviewed this material and have NOT consulted with my physician; I believe that I am fit to participate in the challenge course program. I understand that I am not required to complete any event or activity and marke to modify my participation at any time. If you have any special needs or conditions that will help us to accommodate your experience, please explain below: If you have any special needs or conditions that will help us to accommodate your experience, please explain below: If you have any special needs or conditions that will help us to accommodate your ex	PART I: GROUP INFORMATION					
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