

Physical Activity Readiness Questionnaire

Due to the intensity of this Adventure and its subject matter, Vegas Tactical Adventures / CRI recommends that you consult with your physician before participating in this Adventure, if you have reason to believe that fast paced physical activity could be harmful to you.

Name: _____ **Date of Birth:** _____

Height: _____ **Weight:** _____

1. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES NO
2. Do you experience chest pain when you were **not** doing physical activity? YES NO
3. Do you experience chest pain when you **are** doing physical activity? YES NO
4. Do you lose your balance because of dizziness? YES NO
5. Are you currently taking any medication for blood pressure or heart condition? YES NO
6. Do you know of any other reason why you should not do physical activity? YES NO
7. Do you currently participate in any regular physical activity program? YES NO
8. Drug or food allergies? YES NO
 - a. If YES, please list:

Please check any of the below conditions that you have experienced:

- Heart Attack
- High Blood Pressure (currently experiencing)
- Diabetes
- Broken bones (within the past 12 months)
- Prolonged lack of physical activity (within the past 6 months)
- Back pain (currently experiencing)
- Knee pain (currently experiencing)
- Joint pain (currently experiencing)

On a scale of 1 – 10 (with 10 being the best) how would you rate your overall state of health?

Vegas Tactical Adventures / CRI re-emphasizes that you need to be physically prepared for this activity level. Tactical and combat training involves strenuous exercise, cardiovascular stress and psychological stress. We strongly encourage you to obtain professional medical clearance to attend this Adventure, in the event you have knowledge of such need.

Although participant safety is paramount at Vegas Tactical Adventures / CRI, this training still carries inherent risks that cannot be completely eliminated. You need to understand that these risks include, but are not limited to, minor conditions such as strains, contusions, and abrasions, to serious injuries such as joint dislocations, broken bones, lacerations, closed head injuries, disability, paralysis, loss of wages from disability, psychological stress, asthma attack, heart attack, stroke, and even potentially death.

Vegas Tactical Adventures / CRI recommends that ALL participants, especially those with ANY medical condition, be cleared by their personal physician prior to starting this course. Your cooperation and preparation will help Vegas Tactical Adventures / CRI deliver an effective AND safe Tactical Adventure.

I have read the foregoing regarding my health condition and being advised by Vegas Tactical Adventures / CRI to have my health condition assessed for participation, and I hereby acknowledge and accept sole responsibility for my participation in the activity Adventure purchased from Vegas Tactical Adventures / CRI.

PRINT NAME

SIGNATURE

Date



GENERAL RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I, _____, of _____
(print full name) (print place of residence)

do hereby acknowledge, release, and forever discharge VEGAS TACTICAL ADVENTURES, and C.R.I. School, Inc., their employees, agents, successors, heirs and assigns, of and from any and all manner of action and actions, claims, suits, damages, judgments, and demands of any kind whatsoever, whether now or in the future, at law or in equity, that results or may result from firearms or subject control products used during any adventure, training or instruction on the use of such firearms and subject control procedures by Vegas Tactical Adventures, C.R.I School, Inc., their employees, agents, successors, heirs and assigns.

I understand and agree that all activities experienced during my Adventure are for Entertainment only and do not constitute certified training in the subject matter.

I further acknowledge that the use of firearms is an inherently dangerous activity and assume the risks of using and employing firearms or other similar products during my adventure, training or instruction provided by Vegas Tactical Adventures, C.R.I. School, Inc., their, employees, agents, successors, heirs and assigns.

I further acknowledge that the Adventure I have chosen, the study and application of firearms techniques and subject control procedures is physically demanding and requires that I be in good physical condition, and free of any disability or physical condition that would prohibit my participation.

I further acknowledge that I have read and understood the foregoing RELEASE OF LIABILITY AND ASSUMPTION OF RISK, and the agree to and will abide by the FIREARMS SAFETY RULES worksheet to be provided by Vegas Tactical Adventures, C.R.I. School, Inc.

The undersigned does hereby execute this document on this _____ day of _____, 20_____.

Signature

Printed Name