



Medical and Release Form

Frog Creek Adventure School requires a current Medical and Release Form for each person attending any class and/or event. If information changes, participants/parents are responsible for updating us. **Please print clearly (in blue or black ink) and sign the third page in two separate places and return all three pages.**

Email completed form to: frogcreekadventureschool@gmail.com

Last Name: _____ First Name: _____

Gender (circle): Male Female Date of Birth: ____/____/____ e-mail: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone - Cell: _____ Home: _____ Work: _____

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Out-of-State Contact (Name and Phone): _____

Medical Conditions (**CONFIDENTIAL**)

So that we can properly assist you, it is your responsibility to make us aware of any medical conditions below and at registration. Please attach additional pages as needed.

Do you/your child: (Circle Yes or No)

- Wear contact lenses/glasses?..... Yes No
- Wear a hearing aid?..... Yes No
- Have asthma?..... Yes No
- Have any physical disabilities?..... Yes No
- Have any special needs that may affect your participation in the program?
(e.g., fears, second language, ADD, etc.)..... Yes No
- Have any other condition that may endanger, alter, or somehow limit your
ability to participate in the program?..... Yes No

• Have an allergic reaction to:

- 1. Medications?..... Yes No
- 2. Insect bites or stings?..... Yes No
- 3. Foods?..... Yes No
- 4. Plants?..... Yes No
- 5. Other?..... Yes No
- Take any medication currently?..... Yes No
- Use medication for allergic reactions?..... Yes No
- Have special dietary needs?
(e.g., Vegetarian, Vegan, etc.)..... Yes No

Please explain in detail any "Yes" answer marked above:

**** Note: if you have anaphylactic allergic reactions we request that you bring EpiPen or AnaKit ****

Insurance Information (if you do not carry health insurance, please note)

Name of Health Insurance Carrier: _____
Group/Plan Number: _____ Phone: _____
Physician Name: _____ Phone: _____
Date of last tetanus booster: ____/____/____

Medical Release: In the event of a medical emergency, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or procedure rendered under the supervision of any qualified health care professional. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned health care professional in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that the above treatment will not be withheld if I cannot be reached. I acknowledge that I am responsible for all reasonable expenses in connection with care and treatment rendered during this period.

Photo Release: By signing at the bottom of this form I hereby grant free permission for Frog Creek Adventure School to use images of me participating in their programs or events for outreach purposes, including but not limited to electronic or print materials or media.

[] **No, I do not wish to grant a photo release.** *(Please consider granting this release to us if at all possible, as our ability to successfully share our programs with new participants depends on having representative photographs.)*

RELEASE OF LIABILITY, ASSUMPTION OF RISK, WAIVER OF CLAIMS & INDEMNIFICATION AGREEMENT

Notice – By signing this document you may be waiving certain legal rights, including the right to sue.

Release and Waiver of Claims; Assumption of the Risk; Indemnification Agreement

In consideration of being allowed to participate in Guided Hiking/Biking Tours & Team Building Activities \ and other activities (collectively the “Activities”) provided by Frog Creek Adventure School (the “Host”), the Participant, and the Participant’s parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

- 1) **TO WAIVE ALL CLAIMS** that they have or may have against the Host arising out of the Participant’s participation in the Activities or the use of any equipment provided by the Host (“Equipment”), including while receiving instruction and/or training;
- 2) **TO ASSUME ALL RISKS** of participating in the Activities and using the Equipment, even those caused by the negligent acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and/or officers. The Participant and his/her parent(s) or legal guardian(s) understand that there are inherent risks of participating in the Activities and using the Equipment, which may be both foreseen and unforeseen and include serious physical injury and death;
- 3) **TO RELEASE** the Host, its owners, affiliates, operators, employees, agents, and officers from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of his/her participation in the Activities and/or use of the Equipment, including while receiving instruction and/or training. The Participant and his/her parent(s) or legal guardian(s) specifically understand that they are releasing any and all claims that arise or may arise from any negligent acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and/or officers, to the fullest extent permitted by law. However,

nothing in this Agreement shall be construed as a release for conduct that is found to constitute gross negligence or intentional conduct; and

4) **TO INDEMNIFY** the Host, its owners, affiliates, operators, employees, agents, and/or officers, from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of participation in the Activities and/or use of the Equipment, including while receiving instruction and/or training.

Personal Responsibility

The Participant and his/her parent(s) or legal guardian(s) certify that Participant has no physical or mental condition that precludes him/her from participating in the Activities and that he/she is not participating against medical advice. The Participant and his/her parent(s) or legal guardian(s) understand that Participant's participation in the Activities is voluntary and further understand that they have the opportunity to inspect the Host's Equipment and facilities before any participation. The Participant and his/her parent(s) or legal guardian(s) understand that Participant is obligated to follow the rules of the Activities and that he/she can minimize his/her risk of injury by doing so and through the exercise of common sense and by being aware of his/her surroundings. If, while participating in the Activities, the Participant or his/her parent(s) or legal guardian(s) observe any unusual hazard or condition, which they believe jeopardizes Participant's personal safety or that of others, Participant and/or his/her parent(s) or legal guardian(s) will remove Participant from participation in the Activities and immediately bring said hazard or condition to the attention of the Host.

To the extent that any portion of this Agreement is deemed to be invalid under the law of the applicable jurisdiction, the remaining portions of the Agreement shall remain binding and available for use by the Host and its counsel in any proceeding.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Participant's Name (Printed)

Participant's Signature

Date

Parent/Guardian's Name (Printed)

Parent/Guardian's Signature

Date

General Waiver