

Gore Range Natural Science School
2009 ADULT MEDICAL INFORMATION & RISK RELEASE

Please print the following information. Make sure both sides are completed & signed.

Program Name _____ Program Date(s) _____

Participant's Name _____ Phone(s) _____

In case of emergency, what other relative, neighbor, or friend may be called?

Name _____ Relationship _____

Address _____ Phone _____

**Thank you for completing the following information to help us avoid health or medical problems.
This knowledge will assist staff in delivering proper care in case of an emergency.**

Age _____ Height _____ Weight _____

Do you have any adverse reactions to medication? No Yes

If yes, please list: _____

Do you have allergic reactions to bee stings? No Yes

Do you have or have you experienced in the past any of the following problems? If so, please specify type of problem.

Respiratory problems: _____

Heart condition: _____

Diabetes: _____

High blood pressure: _____

Ankle, knee or other musculoskeletal problems: _____

Other: _____

Date of last tetanus shot: _____

Are you using any medication? No Yes

If so, what type and dosage? _____

What is the medication specifically for? _____

Do you have any dietary restrictions? _____

Do you have any special needs (e.g. learning, emotional, physical) that we need to be aware of to better serve you? _____

I have filled out the above information to the best of my ability and authorize Gore Range Natural Science School staff to obtain or administer medical treatment for me in the event of an emergency.

Signed _____ Date _____

(Participant)

Please complete the following information if you would like to receive more information about our programs:

Mailing Address _____ City _____ State _____ Zip _____

Email Address: _____

RELEASE AGREEMENT/INFORMATION OF RISK

The activities of the Gore Range Natural Science School may involve strenuous physical exercise, exposure to changing weather conditions, and use of potentially dangerous equipment and tools. They also demand the total attention and responsibility of each participant, either as an individual or part of a cooperating group. In addition, these activities include the inherent risk of fatigue, mental stress, injury or death. Your permission, indicated below, acknowledges these risks, and also entrusts Gore Range Natural Science School to apply reasonable restrictions during the program that maximize safety and enhance our ability to respond to emergency.

The following is a list of *potential activities* which you may be participating in as part of the Gore Range Natural Science School program: **backpacking, hiking, games and initiatives, outdoor cooking, conservation project, vehicle travel, night time activities, wilderness travel and survival skills, map and compass, scientific field research, and overnight camping.**

I attest that I have carefully read the information concerning potential risk. I further realize that I am voluntarily responsible for my participation and agree to ask for any necessary clarification concerning the Gore Range Natural Science School program and/or activities prior to signing this form.

I, _____ (*participant name*), hereby acknowledge the risks associated with the Gore Range Natural Science School Program entitled _____ and voluntarily wish to participate in it.

I voluntarily elect to assume all risks of loss, damage, injury, including death, that may be sustained by me or any property of mine in the course of participation in this program. In consideration of the opportunity afforded me to participate in the above mentioned program I hereby knowingly, freely and voluntarily release, and, moreover, covenant to indemnify and hold harmless Gore Range Natural Science School, its Executive Director, Board of Directors, staff and employees from any and all liability, claims, demands or causes of action whatsoever, including claims based on negligence, arising out of any loss to me in the course of or related to, participation in this program or the use of equipment supplied to me in connection with any program.

I give GRNSS permission for reasonable and proper use of any photograph taken of me or any written or verbal statement made by me during or pertaining to this program.

I have carefully reviewed the above list of activities, and I agree to participate in or undertake only those for which I have the ability. I further acknowledge the supervisory role of Gore Range Natural Science School staff in ensuring my safety despite my own perceived abilities or desire for autonomy.

Signed _____ **Date** _____
(*participant*)

PRE-EXISTING CONDITIONS ONLY

If the you have a pre-existing condition that might be affected by participation in an active outdoor program at elevations exceeding 8,000 feet above sea level, please describe this condition and have a physician fill out and sign all sections below. *Fill this section out only if you believe that you may have such a pre-existing condition.*

Description of Condition: _____

Medication taken, dosage, and timing: _____

Other special instructions or precautions: _____

Physician's statement:

I _____ have examined _____
(*please print*) (*participant name*)

and recommend that she/he can participate in Gore Range Natural Science School programs.

Signed _____ Date _____
(*physician*)