

WILD GUYde Adventures: PHYSICAL/MEDICAL HISTORY (U-18) Today's Date: _____

Name _____ Gender _____ D.O.B. _____

Home Address _____ Phone _____

Height _____ Weight _____ Do You Swim? _____ Blood Type (if known) _____

Please check any that apply:

____ *Asthma* (including *exercise induced*); do you carry an inhaler? _____

____ *Allergic reactions*; please specify: _____ Do you carry an Anakit or EpiPen? _____

____ *Epilepsy or seizure history*; date of most recent incident: _____

____ *Hospitalization/surgery within the last year*; please specify, along with *general* or *local* anesthetic: _____

____ *Regular or recent use of controlled substances* (i.e. prescription medication, recreational drugs, alcohol, tobacco, contraceptives, etc.); please specify: _____

____ *Diabetes*; do you carry insulin? _____

____ *Musculo-skeletal condition*; please specify: _____

____ *Cardio-respiratory disorder*; please specify: _____

____ *Any other known physical limitation*; please specify: _____

____ *Corrective or protective devices* (glasses, joint braces, contact lenses, orthodontia, etc.); please specify: _____

Health Insurance Co. _____ Policy No. _____

Home Phone _____

Person to notify in case of emergency _____ Work phone _____

Address _____ Relationship _____

AGREEMENT TO PARTICIPATE: The activities of hiking, rock climbing, caving, and canoeing can result in death, or injuries such as open wounds (cuts, scrapes, and punctures), bone fractures, soft tissue sprains and strains (muscle, ligament, or tendon), bruises, burns, and bites from creatures of nature. Participants can slip and fall on cliffs or trails, and drown in rivers. The outdoor environment contains hazards such as toxic plants, falling rocks, stinging insects, biting creatures, unstable trails and stream crossings, and weather extremes (heat, cold, rain, lightening). In addition, participants can be injured because of inattention or lack of proper skill by themselves or others. Equipment can fail to perform as expected. Physical activity can lead to overexertion, dehydration, heat related illness, or cardio-respiratory distress. In short, while we attempt to manage the risks we encounter through instruction, equipment, supervision, and safety practices, **the outdoors can be a dangerous place, and not all risks will be eliminated.** My signature below indicates my understanding of the risks inherent in this experience, and my continued desire to participate. Furthermore, my signature indicates my intention to outfit myself accordingly (see equipment list for each trip), and my willingness to abide by activity rules and guidelines and hold other group members accountable to them.

Participant's Signature _____ Parent/Guardian Signature _____

Staff Review (initials and dates): _____