

SILVERCROWN MOUNTAIN OUTDOOR SCHOOL

ADULT MEDICAL AND RELEASE FORM

PLEASE NOTE: Because of the ever-changing nature of medical and other requested information, we require that a **new** form be completed for each program you attend.

Date: _____

Student's Name: _____

Program Name: _____ Program Date _____

Male ___ Female ___ Date of Birth _____ Age _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ Cell _____ E-mail _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Home Phone: _____ Work/Other Phone: _____ E-Mail _____

Out-of-State Emergency Contact (name and phone): _____

INSURANCE INFORMATION (if you do not carry health insurance, please indicate so):

Name of Health Insurance Carrier: _____

Group/Plan Number: _____ Phone: _____

Personal/Family Physician: _____ Phone: _____

Date of last tetanus booster: _____

MEDICAL CONDITIONS:

If you have any personal medical condition or problem that Silvercrown Mountain Outdoor School should be aware of, it is your responsibility to acquaint us with the existing condition both in this form as well as at registration for the program. The information will be held in confidence and used only to render proper assistance should the need arise.

1. Do you wear: contact lenses/glasses? _____, or hearing aid? _____

2. Do you have asthma? _____. If so, do you have medication? (specify): _____

3. Do you have a heart condition? _____. If so, please describe your limitations, medication (if any) and history:

4. Do you have any physical disabilities or limitations that could become a problem on this program? If so, please describe the disability, limitation and history:

5. Are you currently on any medication? _____. If so, indicate the specific medication, condition prescribed for and any known negative drug interactions:

6. Is there any other condition that we should be aware of that may endanger, alter, or somehow limit your abilities to participate in our programs? Please describe in detail:

7. Are you allergic to any of the following? If so, please give specific reaction to each, degree of sensitivity (10 being deathly allergic and 1 being mildly) and specific allergen:

- 1.) Medication (i.e. penicillin, aspirin):
- 2.) Insect bites (i.e. wasps, bees):
- 3.) Foods (i.e. peanuts, chocolate):
- 4.) Plants:
- 5.) Other:

Do you use medication for allergic reactions (i.e. EpiPen, Benadryl)? If so, what do you use?

Note: (We do request that if you do have anaphylactic allergic reactions that you bring medication to counter it appropriately - i.e. EpiPen or AnaKit).

8. If the program you are registered for includes meals, are you Vegetarian? _____ Vegan? ___ Other special food needs _____.

PHOTO/VIDEO RELEASE: By signing below I hereby grant free permission for Silvercrown Mountain Outdoor School to use still or motion picture images of myself participating in their programs or events for outreach purposes, including but not limited to electronic or print materials, or print or broadcast 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 and video.)

RELEASE, INDEMNIFICATION AND WAIVER FORM: (This is a release - please read it carefully.)

I, the undersigned, hereby acknowledge that I have been advised and fully understand that certain elements of danger are inherent in the activities sponsored by Silvercrown Mountain Outdoor School which are beyond the control of the instructors, agents, officers, students, and employees of Silvercrown Mountain Outdoor School, and that participation in any program activities may entail unavoidable risk of personal injury, death, and loss of or damage to property. These risks include, but are not limited to insect and animal bites and stings, forces of nature such as but not limited to lightning, and unexpected extreme weather conditions, and any hazard present in the wilderness, such as but not limited to low lying branches, sharp objects, and slippery surfaces.

I hereby assume all risks of injury and death to myself and loss of or damage to property arising out of my participation in such activity and I agree to indemnify, hold harmless Silvercrown Mountain Outdoor School, its officers, instructors, agents, and employees ("Releasees") from and against all claims arising from any occurrence causing damage or injury to myself or to any party participating in said event or any third parties injured as a result of my actions. I further agree to repair or reimburse Silvercrown Mountain Outdoor School for any and all damages that I cause to Silvercrown Mountain Outdoor School property or the property at which a specific activity is held.

Prior to signing below, I have read and understand the terms and conditions of this Release, Indemnification, and Waiver, understand by signing below I am waiving certain legal rights I may have against the Releasees, and I agree to subscribe to all the terms and conditions set out above.

Participant's Signature: _____ **Dated:** _____

Printed Name: _____

Please return form to Silvercrown Mountain Outdoor School,
PO Box 653, Northport, WA. 99157