ECHO HILL OUTDOOR SCHOOL
Adult Participant Health and Registration Form

Please print clearly and complete all questions

Attending Group/School Name:	Dates of Attendance:
Your Name:	Gender: Age: Date of Birth:
Home Address:	Person to call in emergency: Phone:
City: State: Zipcode:	Name of Your Physician: Phone:
Home Phone: Cell Phone:	Name of Your Medical Insurance:
E-mail:	Policy Number:

Health Information

Please circle Yes or No. If Yes please provide details; use separate page if necessary

1. Do you know of any health factor that makes it advisable for you to follow a limited program of physical activity while at the Outdoor School? YES NO Limitations:_____
   - Recent surgery or illness: YES NO Date: _____ Details:_____
   - Recent broken bones or sprains: YES NO Date: _____ Details:_____
   - Asthma, heart condition, diabetes, seizure: YES NO Date: _____ Details: _____
   - Other physical, behavioral or emotional conditions: YES NO Date: _____ Details: _____
   - Allergies to Medications: YES NO Date: _____ Details:_____
   - Environmental allergies (bee stings, hayfever, etc.): YES NO Details: _____
2. Have you been exposed to a communicable disease within the past 21 days? YES NO Date: _____
   If so, what disease? _____
3. If you are pregnant, do you have physician approval to participate in Adventure/Challenge Course activities at Outdoor School? YES NO ***Please attach a copy of approval on physician's letterhead.***
4. Date of last Tetanus shot: ___/___/_____ (mm/dd/yyyy)
5. Current medications (*Please bring instructions*): _____

Authorization for Medical Treatment & Assumption of Personal Responsibility

This health history is correct so far as I know. I understand that participation in EHOS programs is entirely voluntary. I understand that the EHOS program may involve: boating (by canoe, sail and/or motor), swimming, hiking, fishing and/or activities that involve periods of physical exertion, balancing, lifting, pushing, pulling and climbing. I know and understand the inherent risks and dangers involved in the above named activities and recognize that at EHOS most activities will be outdoors where I will need to watch for slippery and/or uneven footing, limbs and branches, animals and possible exposure to extreme weather. I understand that although EHOS will take reasonable precautions, it is impossible to guarantee absolute safety, and that unanticipated dangers might arise. I hereby release EHOS from any responsibility for injury which might occur as a result of participation in EHOS activities. I give permission to authorize personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for me, and also permit such treatment procedures to be carried out at, and by the local hospital(s) for me in the event of an emergency. I understand that the health insurance policy which I carry is the primary policy in case of any illness or injury. Echo Hill Outdoor School carries an excess policy which covers expenses not paid by my primary insurance, including deductibles and co-pays up to our limit. I understand and accept my responsibility to comply with all instructions and guidelines given by EHOS staff. I also agree to inform EHOS staff if, at any time, I have a medical or psychological problem that might affect the safe conduct of the program. I give Echo Hill Outdoor School permission to reproduce and publish any photo, picture, video, or likeness of me for the purpose of enhancing enrollment and/or marketing.

Signature _____ Date _____