



ADULT Registration & Health Form

PROGRAM _____ DATES OF ATTENDANCE _____

NAME _____ SEX _____ BIRTH DATE _____

HOME ADDRESS _____

HOME PHONE _____ E-MAIL _____

PERSONS TO CALL IN EMERGENCY _____ PHONE _____

HEALTH HISTORY

1. Do you know of any health factor that makes it advisable for you to follow a limited program of physical activity while at Echo Hill Outdoor School (hereafter referred to as "EHOS")? Yes No

Please complete: _____

a. Recent surgery or illness Yes No _____ Date _____

b. Recent broken bones, sprains Yes No _____ Date _____

c. Asthma, heart condition Yes No _____ Date _____

d. Diabetes or Seizures Yes No _____

e. Allergies Yes No _____ Bee Sting? _____

f. Known allergy to medication. Yes No _____ Penicillin? _____

g. Other physical conditions Yes No _____

h. Current Medications _____ Please bring instructions.

PLEASE STATE LIMITATIONS _____

2. If you are Pregnant, do you have physician approval to participate in Adventure/Challenge Course activities at Echo Hill Outdoor School? Yes _____ No _____ *Please attach a copy of approval on physicians letterhead.*

3. Date of last Tetanus shot _____

4. Have you been exposed to a communicable disease within the past 21 days? _____

If so, what disease? _____

5. Name of your physician _____ Phone _____

6. Name of Insurance Company _____ Policy/ID Number _____

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 any medical expenses beyond the limits of EHOS' participant medical coverage will be billed directly to me or my insurance company. 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.

SIGNATURE _____ DATE _____

(Parent or legal guardian must sign if participant is under 18)

Photo Consent: I give Echo Hill Outdoor School permission to reproduce and publish any photo, picture, video, or likeness of me for advertising or any purpose.

SIGNATURE _____ DATE _____