

Georgetown Outdoor Education Programs

Participant Information Form and General Release

Name _____ E-mail _____
 Address _____ Phone _____

Current Exercise Activity: List any physical activities you engage in, their frequency, and approximate time or distance and check the appropriate level of intensity.

Activity	Frequency	Time/Distance	Leisurely	Moderately	Intensely
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Swimming Ability: Check the appropriate box

Can't swim Poor Fair Good Very Good

Do you have previous experience with outdoor activities? If so, please describe briefly:

Current Health Status: Please Indicate if you have any physical limitations or conditions that would interfere with or limit your participation in the trip. If you are unsure, explain the trip to your physician or nurse practitioner and ask for his/her advice. *(None of these will necessarily prohibit your participation, but for your own safety, we must be aware of such conditions.)* * **If you answer yes to any of the questions below, please specify in detail below, indicating the item number.**

- | | | | |
|------------------------------------|----------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|
| 1. Problems with hearing or vision | Yes <input type="checkbox"/> No <input type="checkbox"/> | 7. Broken bone or dislocation in past year | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Respiratory problems | Yes <input type="checkbox"/> No <input type="checkbox"/> | 8. Concussion in past year | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Back or Neck problems | Yes <input type="checkbox"/> No <input type="checkbox"/> | 9. Unexplained fainting in past 3 years | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. High or low blood sugar | Yes <input type="checkbox"/> No <input type="checkbox"/> | 10. Hernia in past year | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Seizure disorders | Yes <input type="checkbox"/> No <input type="checkbox"/> | 11. Surgery in past 3 years | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Cardiovascular problems | Yes <input type="checkbox"/> No <input type="checkbox"/> | 12. Nervous system problems | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Details about any yes answers or other medical problems:

Psychological Health: If there is any information that we should be aware of concerning your current psychological health, please notify the Trip Leaders directly.

Allergies: Please indicate any allergies you have, your reactions, and medication required. *(Insect stings, nuts or any other food, pollen, iodine?)*

Allergy	Reaction	Medication Required (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dietary Restrictions/ Preferences:

Medications: Please indicate any medications you are currently taking or take as needed, for what conditions, and whether you will need to take it during the trip. *If you need to take medication during the trip, be sure you have an ample supply.*

Medication	Condition	Do you need this during the trip?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Required Immunization: You must have a current Tetanus immunization to participate in the trip. If your last Tetanus immunization was more than 10 years ago, it has expired; you must have it updated by your primary care provider before the trip. Latest Tetanus Immunization: _____

Medical Insurance: You are responsible for any medical expenses incurred as a result of participation in this program. Please provide the following information.

Insurance Company Name: _____ Policy or Certificate Number: _____

Insurance Company's Address: _____

Insurance Company's Emergency Phone Number: _____

Emergency Information

In case of emergency, please notify: _____

Relationship: _____ Home Phone # _____ Work Phone # _____

Any additional information that might be relevant to your participation in an Outdoor Education activity:

(If there is any information you do not wish to record here but which your trip leaders should know about, please notify them directly. All medical and personal information is held in the strictest confidence.)

I hereby certify that I am physically and mentally fit to participate in this trip. I am aware that my participation in this trip involves physical activities in locations which may have limited access to hospital medical care. I give permission for the trip leader(s) to use their judgment in obtaining medical services for me. I further give permission for medical professionals to render medical treatment that is deemed necessary or appropriate, including but not limited to, emergency anesthesia, surgery, or hospitalization. The information provided above is a complete and accurate statement of the physical factors which may affect my participation in this program. I realize that failure to disclose such information could result in harm to myself, my fellow participants, and/or instructors. I also agree to notify the University and trip staff if there should be any change in my health prior to the course.

Signature _____ Date _____

If under age 18, signature of parent or guardian:

Signature _____ Date _____

My participation in this trip is completely voluntary. I am aware of the inherent potential hazards of these outdoor activities, including but not limited to: inclement weather conditions, lightning strikes, drowning or capsizing, difficult trail conditions, marked and unmarked trail and road hazards, falls (even when roped up for climbing), injury from river crossings, falling rock and/or other falling debris, rope and rock abrasions, burns (for example, due to cooking or campfires), encounters with animals, and accidents during transportation to and from the activity.

To minimize these risks, I agree to abide by the rules, regulations, and instructions of the staff of the Georgetown University Outdoor Education Program and the trip.

I understand that although the Georgetown University Outdoor Education Program will make reasonable efforts to assure my safety while I am participating in the trip, there are unavoidable risks involved in Outdoor Education trips and activities. I agree that I am willing to assume these risks. I acknowledge that neither Georgetown University, nor any of its employees can absolutely guarantee my safety in every situation, and that Georgetown University personnel have taken appropriate and reasonable measures to inform me of potential risks and ensure my safety. I therefore agree for myself, my heirs, and my personal representatives, to hold harmless and forever release and discharge Georgetown University Outdoor Education Program, Georgetown University, its officers, directors, employees, students or agents from and against all claims, demands, actions or causes of action, deriving from damage to personal property, personal injury or death that may arise in connection with my participation in the Outdoor Education trip/activity, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the employees or agents of the University.

I acknowledge that I have read and understand this form and that the terms herein are contractual and not a mere recital.

Signature _____ Date _____

If under age 18, signature of parent or guardian:

Signature _____ Date _____