



# Adventure Centre Medical Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Group Name: \_\_\_\_\_

### Please list two people who should be contacted in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### HEALTH AND MEDICAL HISTORY

Do you have any known allergies? (Insects, foods, plants, drugs, etc.):

Yes: \_\_\_\_\_

No

Have you had an injury, operation, or illness that could affect your physical performance during this program?

Yes: \_\_\_\_\_

No

If you take medications for any of the above, please indicate the medication and dose. **IF YOU REQUIRE MEDICATION YOU MUST BRING IT WITH YOU (e.g. Epi-Pen, inhaler, etc.):**

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Do you have, or have you had, any of the following?

- Bone/joint problems
- Chest pain
- Asthma or respiration problems
- Restlessness or sleepwalking
- Heart problems
- High blood pressure
- Frequent headaches
- Stroke
- Diabetes
- Seizure disorder
- Stomach problems
- Fainting
- Other: \_\_\_\_\_

If you checked yes, please elaborate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate any additional information, including details about any box checked "yes" above, which may affect participation and/or for which special consideration should be given:

\_\_\_\_\_

\_\_\_\_\_

Please describe your current level of physical activity: \_\_\_\_\_

**PARTICIPANT AGREEMENT/ACKNOWLEDGEMENT AND RELEASE FORM**

Please read this agreement CAREFULLY before signing. If the participant is a minor (under the age of 18), all documents must be signed by either a parent or legal guardian. All reference to "participant" deemed to include the parent or legal guardian of any participant who is a minor.

Pretty Lake Programs may include initiative courses, new games, ropes courses, climbing towers, rock climbing, caving, backpacking, being in a Pretty Lake vehicle, using safety equipment, hiking and camping in a primitive outdoor setting. Its purpose is to provide participants from elementary school through adulthood safe and challenging outdoor experiential activities requiring problem solving, decision making, self and group awareness, trust, cooperation, care and consideration for others. The activities will be discussed in light of the Program objectives and have been predetermined by our contact person and group leaders at your organization. The Program is not recreational.

Participant is aware in signing this form that certain elements of the Program are physically and emotionally demanding, and that not all hazards and dangers associated with the activities can be foreseen. Participant understands that certain risks, dangers, and injuries including fatality, due to acts of God, inclement weather, slipping, falling, insect bites, equipment failure and all other circumstances inherent to outdoor settings, may exist in the Program's activities. Participant also agrees it is impossible for Pretty Lake to guarantee absolute safety.

Participant understands and voluntarily assumes all such risks, dangers and injuries associated with participation in this Program, and agrees that neither Pretty Lake, its directors, employees nor other representatives in any capacity shall be responsible for any loss, damages, or injuries resulting to participant, in the absence of negligence imputable to Pretty Lake. Participant further agrees to release, indemnify and hold Pretty Lake, its directors, officers, staff and agents harmless from or for any claims, causes of action, liabilities or damages that may arise as a result of or in connection with his/her participation in the Program.

Participant expressly agrees to obey all of the Program safety regulations and direction by the Program's leaders. Participant voluntarily assumes and accepts responsibility for all risks, dangers and injuries resulting from either his/her failure to obey safety regulations and directions of activity leaders or from the exercise of judgement by such activity leaders made in good faith based on then existing circumstances.

**MEDIA CONSENT AND RELEASE**

Pretty Lake Camp and the American Camp Association use images and sounds of staff and volunteers participating in activities as a way of documenting and promoting PLC in various forms of media. By consenting below, I allow PLC to photograph, film and take sound recording of myself while at Pretty Lake. I understand these items may be used in the PLC or ACA websites, archives, and for promotional or information materials, including but not limited to newsletters, brochures, advertisements and newspaper articles. I hereby release and waive any rights of compensation for, or the ownership of such images or sounds of myself. I also understand that I have the right to revoke my consent by written notice to PLC at any time. This consent expires on December 31, 2028.

- I have read this Media Consent, Release and Waiver and agree to its terms and conditions.
- I have read this Media Consent, Release and Waiver and DO NOT agree to its terms and conditions.

Participant has read and understands the above form and understands the above Participant Agreement/Acknowledgement and Release. Participant's signature(s) on this document is also intended to bind his/her/their successors, heirs, representatives, administrators and assigns.

.....  
I HAVE READ AND COMPLETED the Health and Medical History and will assume the responsibility for restricting any activities agreed upon and listed above. I assume full responsibility for my health and I certify that I am free of or will notify my instructor of any medical, physical or emotional conditions which might create undue risk for myself or others. I will exercise good judgement in regard to my own health, safety and well-being, while participating in the Program. If for any reason I question my ability to participate in the activity, I will tell my instructor prior to participation.

***Please dress according to the weather forecast for the entire day, keeping in mind temperatures, precipitation, sun, etc.***

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

PARENT/LEGAL GUARDIAN (IF PARTICIPANT IS UNDER 18): I certify that the Health and Medical History on my child is complete and accurate. I fully understand the occasional vigorous nature of outdoor activities. I also understand that I will be notified as soon as possible in case of emergency. I give my consent for emergency medical treatment and hereby authorize at my expense the calling of medical personnel to provide whatever emergency medical or surgical treatment necessary.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_