



MEDICAL FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Work Phone: _____

Email: _____ Do you want to be on our enews list? Y / N

Occupation _____

Company Name _____

Date of Birth _____ Sex _____ Height _____ Weight _____

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

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

GENERAL HEALTH AND MEDICAL REVIEW

- Known allergies: Bee stings, foods, drugs, plant, insects or other: _____
 Please indicate the severity, frequency, triggers, worst case scenario, medication effectiveness (if used) or anything else we would need to know regarding allergic reactions. **IF YOU REQUIRE MEDICATION YOU MUST BRING IT WITH YOU (e.g Epi-Pen, inhaler,etc.)** _____

- Please describe any operations, chronic illness, or any injury (recent or in the past) that could effect your physical performance today: Please indicate severity, worst case scenario, medication effectiveness (if used) or anything else we need to know:

- Do you have, or do you have a history of any of the following? (check if yes) bone/joint problems _____
 Chest pains with physical activity _____ asthma/respiration problems _____ restlessness or sleepwalking _____ heart problems _____ high blood pressure _____ frequent headaches _____ stroke _____ diabetes _____ convulsions _____ stomach upsets _____ fainting _____ smoking _____ pregnancy _____ other _____
 If you checked any, please give details: _____

- If currently taking medication(s) for the above, please identify the medication(s), reason for use and any physical or mental side effects: **BRING MEDICATION(S) WITH YOU**
 Medication: _____ Side effects: _____
 Medication: _____ Side effects: _____
 Medication: _____ Side effects: _____
- Please indicate any specific information 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 also 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 that 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 judgment by such activity leaders made in good faith based on then existing circumstances.

In an effort to further our mission, Pretty Lake uses photographs, photographic images, names, and audio and video recordings of guests and participants for general publicity in publications, public relations, promotions, publicity, and advertising. Any guests (or the parents or guardians of such persons, if under age 18) who do NOT want to be photographed or recorded, or to have their names, voices, or biographical materials used in connection with any such recording, must alert their facilitator and complete a Photo Opt Out Release form at <http://www.prettylakecamp.org/photorelease/> and return it to our Marketing Department.

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 judgment 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 an 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 _____