

# Permission, Release & Health History Form

Black Rock Retreat Outdoor Education (1 of 2)

Participant Name \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Sex \_\_\_\_  
Last First MI

Parent/Guardian \_\_\_\_\_ Social Security # \_\_\_\_\_ (not required)

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number City State Zip Area Code/Number

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Area Code/Number Area Code/Number

If not available in an emergency, notify:

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number City State Zip Area Code/Number

Operations or serious injuries (dates) \_\_\_\_\_

Disability or chronic/recurring illness \_\_\_\_\_

Physical, emotional, or mental handicaps \_\_\_\_\_

Activities limited by physician \_\_\_\_\_

Current medication (send w/ instructions) \_\_\_\_\_

Name of family physician & phone # \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Do you carry family medical/hospital insurance? \_\_Yes \_\_ No

If so, indicate: Carrier \_\_\_\_\_  
Policy or Group # \_\_\_\_\_

<p><b>ALLERGIES:</b> Check all that apply:</p> <p><input type="checkbox"/> Hay Fever / Poison Ivy</p> <p><input type="checkbox"/> Insect Stings</p> <p>Reaction: _____</p> <p><input type="checkbox"/> Penicillin</p> <p><input type="checkbox"/> Other Drugs:</p> <p>Specify: _____</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Other: (Specify) _____</p> <p>Other medical concerns?</p> <p>_____</p> <p>Date of last Tetanus shot? _____</p> <p>Food allergies must be submitted via the food allergy form 2 weeks prior to the Trip.</p>
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This health history is correct as far as I know.

Authorization for Treatment: I hereby give permission to the staff of Black Rock Retreat to administer First Aid or CPR in the event of injury or illness. I also give permission to the medical personnel selected by Black Rock Retreat to order X-rays, routine tests, treatment, and necessary related transportation for me/my child. In the event aid cannot be reached in an emergency, I hereby give permission to the physician selected by Black Rock Retreat personnel to secure and administer treatment, including hospitalization, for me/or my child as named above. I also agree to allow Black Rock Retreat to use any photographs or video footage taken of me/my child for publicity purposes. **If you DO NOT agree to the media release statement please state so in writing on bottom of this form with an additional signature.**

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
(Parent/Guardian signature if under age 18)

**Do not stop here! Go to page two of the Permission, Release and Health History Form.**

# Permission, Release & Health History Form

**Continued**

Black Rock Retreat Outdoor Education (2 of 2)

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## Participation Agreement

I acknowledge that participation in the Outdoor Education Program at Black Rock Retreat involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the Outdoor Education Program (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor").

Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

*(Participant and/or ALL parent/guardians if participant is a minor)*