

Permission, Release & Health History Form



Participant Name _____ DOB _____
 Last First MI
 SSN (Optional) _____ Age _____ Sex _____
 Parent/Guardian _____ Home Phone _____
 Home Address _____ Cell Phone _____

City _____ State _____ Zip _____
 Emergency Contact if Parent/Guardian is unavailable _____
 Relationship to Participant _____ Phone _____

Medical History *this is for medical emergencies only*

Operations or serious injuries (dates)
Disability or chronic/recurring illness
Physical, emotional or mental handicaps
Activities limited by physician
Current Medication (send w/ instructions)
Family Physican and Phone number
Date of last physical

Allergies (check all that apply)	
Food Allergies are not submitted here.	
<input type="checkbox"/>	Hay Fever/ Poison Ivy
<input type="checkbox"/>	Insect Stings reaction:
<input type="checkbox"/>	Penicillin
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Asthma

Does your family carry medical/hospital insurance? YES NO
 if so: Carrier _____
 Policy/Group # _____

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)

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Black Rock Retreat Waiver, Release, and Indemnification Agreement

Assumption of Risk. I expressly understand and agree that I am personally responsible for my safety and actions while using the facilities and premises and participating in the programs at Black Rock Retreat (the “Activity”). On behalf of myself and as a parent and/or legal guardian of minors participating in any Activity (the “Minor”), I acknowledge that the Activity involves risk 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. I agree to comply with all Black Rock Retreat policies and rules, including but not limited to all Black Rock Retreat policies, guidelines, signage, and instructions. I further understand that I am responsible for evaluating the risks that Minor or I may face. I understand that I am responsible for evaluating the risks Minor or I face by using the facilities and premises and participating in the Activity.

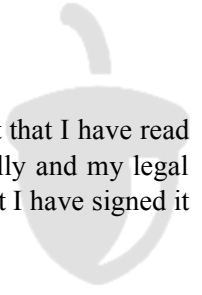
I have done so and by my signature below, by Minor’s or my engagement in the Activity, and by use of transportation to and from the Activity, in exchange for the opportunity to voluntarily use the facilities, premises and programs of Black Rock Retreat, on behalf of Minor and myself, I have assumed the risk for and am responsible for our actions.

Acknowledgement of Safety Measures to be Utilized by Guest and Black Rock Retreat. Black Rock Retreat will take certain safety measures to help prevent, as best it reasonably can, infection or the spread of illness. Black Rock Retreat will also stay apprised of any recommendations from the CDC and will consider action accordingly. In the event that the CDC or Black Rock Retreat recommends additional safety measures, I agree to pursue utilization of such safety measures upon verbal or written request of Black Rock Retreat.

Indemnification and Hold Harmless. I specifically understand that I am personally responsible for Minor’s and my actions and omissions, and any resulting sicknesses or injuries and agree to indemnify, defend, and hold harmless, including from reasonable attorneys' fees and/or any other associated costs, Black Rock Retreat, and its predecessors, successors, assigns, officers, directors, employees, volunteers, agents, and legal representatives (the “Releasees”), from any and all actions, claims, or demands that Minor and I, for ourselves and on behalf of our family, spouse, estate, heirs, executors, administrators, assigns and personal representatives, have or may have for any and all sicknesses or injuries relating to or resulting from the Activity that Minor or I may suffer or sustain, regardless of cause or fault, as a result of our voluntary decision to utilize the facilities and premises of Black Rock Retreat, caused by any act or omission of Black Rock Retreat and/or Minor or by me, resulting from utilizing the facilities and premises of Black Rock Retreat.

WAIVER OF CLAIMS. In consideration of being allowed to utilize Black Rock Retreat’s facilities and premises, on behalf of myself and Minor (individually and collectively referred to herein as "Releasor"), I hereby waive any and all claims, demands, damages, actions, or suits, in law or in equity, whether heretofore or hereafter accruing, or whether now known or not known to the parties, which may arise from any negligent or grossly negligent act or omission of Black Rock Retreat, or the Releasees, including but not limited to claims for negligence, gross negligence, personal injury, and mental anguish, for or because of anything done or omitted, or suffered to be done, directly or indirectly related to Releasor’s use of Black Rock Retreat’s facilities, premises and participating in the Activity. Releasor further waives any and all liability of Releasees for their negligence or gross negligence causing any accident, illness, injury, loss or damage to personal property, or any other consequences arising or resulting directly or indirectly from Guest’s use of and entrance upon Black Rock Retreat’s facilities and premises. Releasor acknowledges and agrees that Releasees assume no responsibility for any liability, damage, or injury that may be caused by the negligent, grossly negligent, or willful acts or omissions committed prior to, during, or after Guest’s use of Black Rock Retreat’s facilities, premises and participating in the Activity. By signing this agreement Releasor is giving up legal rights.

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In signing this Waiver, Release, and Indemnification Agreement, I hereby acknowledge and represent that I have read this entire document, understand its terms and provision, understand it affects my legal rights individually and my legal rights as a parent/legal guardian, as well as the rights of the Minor, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____

Name: _____

Signature: _____

Date: _____

Minor's Name: _____

Parent: _____

Minor's Name: _____

Parent: _____

Minor's Name: _____

Parent: _____

Minor's Name: _____

Parent: _____

Minor's Name: _____

Parent: _____