

Outdoor Recreation Programs

Medical History Release Form

The following information has been requested by the staff of Outdoor Recreation Programs in order to assist you in a safe and timely manner in the event that a medical emergency should occur and to express the seriousness of participating in adventurous activities. All requested information is vital and should be answered honestly. Thank you for your cooperation.

General Information:

Name: _____ M or F (circle one) Age: _____
 Address: _____ Home Phone: () _____
 Street City State Zip Work Phone: () _____
 Emergency contact: _____ Relationship: _____
 Home Phone of Contact: () _____ Work Phone: () _____

Medical Information:

Allergies (including food, bites, stings, and medicines): **Yes or No**

If yes, please list below:

<i>Allergy</i>	<i>Reaction</i>	<i>Medication Required</i>

Currently taking any Medication (including over-the-counter drugs): **Yes or No**

If yes, please list below:

<i>Medication</i>	<i>Condition</i>	<i>Dosage (amount/dosage)</i>	<i>Side Effects</i>

Health Profile:

- Yes or No 1. Pregnant? _____
 Yes or No 2. History of seizures? _____
 Yes or No 3. Neck/Back/Shoulder/Elbow/Wrist/Knee/Ankle Problems? _____
 Yes or No 4. History of heart problems? _____
 Yes or No 5. Diabetic or Asthmatic? _____
 Yes or No 6. Other medical issues that should be noted? _____

Signature Required:

In signing this form, you are stating that you give permission to receive any medical treatment necessary. Any information disclosed within this form or with Outdoor Recreation Staff will remain confidential. Failure to disclose medical information could result in serious harm to you and other participants.

Signature: _____ Date: ____/____/____

Any participant under 18 must have a Parent or Guardian present to sign as well:

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE
 (UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ () _____ / ____/____
 PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE DATE SIGNED

Liability Waiver Form Adventure Programs & Education

Program Activity: _____

In consideration for receiving permission to use equipment and participate in Outdoor Recreation Programs, I agree for myself, my heirs, assigns, executors, administrators, personal representatives, and derivative claimants, that my participation in Outdoor Recreation Programs be undertaken at my own risk, and that Outdoor Recreation Programs, the DFMWR Program, the 4th Infantry Division and Fort Carson, the Department of the Army, the government of the United States, and its officers, agents, and employees, whether acting officially or otherwise, shall not be liable for any claims, demands, injuries, damages, actions or causes of action which arise wholly or partially due to the negligence of the entities above, arising out of or in connection with my participation in Outdoor Recreation programs, to include use of equipment provided by Outdoor Recreation Programs.

I understand that there are risks and dangers inherent in all outdoor recreation activities, including, but not limited to rock climbing, ice climbing, skiing, mountain biking, snow shoeing and white water rafting. I am aware that the use of equipment relating to these **activities** can be **hazardous**, involving inherent and other **risks of personal injury, property damage, and death**. I understand and agree that by signing this release I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating in Outdoor Recreation Programs.

I understand and agree that by signing this release, I am to release, indemnify, and hold harmless Outdoor Recreation Programs, the DFMWR Program, the 4th Infantry Division and Fort Carson, the Department of the Army, the government of the United States, and its officers, agents and employees from any and all liability or costs, including attorney fees, associated with or arising from my participation in Outdoor Recreation Programs and equipment provided by Outdoor Recreation Programs.

I am aware that it is a requirement for rafting and kayaking activities, that the participant is able to swim. Misrepresenting your ability here can result in your death by drowning. By initialing here I am acknowledging that I can swim.
_____ (Initial)

I agree to allow the Outdoor Recreation Program to utilize any photograph taken from my participation in any Outdoor Recreation program for promotional purposes. _____ (Initial)

Name (Print):

Signature:

Date:

____/____/____

Any participant under 18 must have a Parent or Guardian present to sign as well:

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

Signature of Parent/Guardian (participant under 18):

Date:

____/____/____

Please check if you DO NOT want to receive information regarding Outdoor Recreation programs.