



PARTICIPANT CONSENT, RELEASE AND ASSUMPTION OF RISK

YSOA adventure programs involve a variety of activities. Some programs may include rigorous physical activities such as backpacking, paddling, climbing, whitewater rafting, swimming or hiking. These activities are designed to be within the physical, mental and emotional limits of a person in reasonably good health. The level of participation in all programs and activities is at all times completely up to the individual.

I acknowledge that my participation in YSOA individual and group activities of any kind entail known and unanticipated risks that could result in physical or emotional injury or death. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I expressly accept and assume all of the risks existing in any activity. My participation in any activity is voluntary, and I state that I elect or will elect to participate in spite of the risk.

In consideration for being allowed to participate in YSOA activities and trips, being fully aware of the nature of the risks and hazards of participation in YSOA activities including but not limited to the possibility of physical or emotional injury, death, or loss of or damage to personal property, I do knowingly and willingly release and hold harmless YSOA and its officers, agents, sponsors, volunteers, and employees and all persons associated in any way with YSOA from any claims, causes of action or liability for property damage and/or physical injury or death in connection with or during any YSOA activity. This release is made on behalf of myself and/or my minor child and my/his/her heirs, representatives, executors, administrators and assigns.

I further consent to the use of any photographs (motion or still) or any records of my likeness, or that of my minor child, which may be taken or made by YSOA representatives with the understanding that such photographs or recordings are for YSOA publicity or promotional purposes only and not for commercial distribution.

By signing this document, I agree that if I or my minor child is hurt or property is damaged during participation in YSOA activities, I waive my right to bring or maintain a lawsuit or claim against YSOA. I also acknowledge that I have fully satisfied myself as to the nature of the activity or activities in which I or my minor child will be participating, the risks associated with each such activity and my responsibility to know my or my minor child's limits. I assume all these risks. In the event of illness or injury, I hereby give my consent to provide emergency medical care including hospitalization, anesthesia, surgery, injections of medication or other treatment that may become necessary.

I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____ City _____ State _____

Phone _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

I certify that I am the parent/legal guardian for _____ (print minor's name) who desires to participate in YSOA activities. I affirm, under penalties for perjury, that I am my minor child's parent or legal guardian and I consent to my child's participation with YSOA activities and that I have read the above and understand its meaning.

Signature of Parent/Guardian _____ Print Name _____

Address _____ City _____ State _____

Phone _____ Date _____



**Spiritual Outdoor
Adventures**

HEALTH QUESTIONNAIRE

Participant Information

Name: _____ Birth Date: _____ Age: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Sex: ___ Male ___ Female Height: _____ Weight: _____ (to measure medicines)

Medical Insurance Information

Insurance Carrier: _____ Phone: _____

Policy number: _____ Group number: _____

Past Pertinent Medical History (Check all that apply - Use back of page if needed)

- Asthma and I need my inhaler Asthma but I do not need an inhaler
- Anemic
- Allergy to medication - which ones and reactions:
- Allergy to food – what food and reactions:
- Allergies to bee stings – what treatment is required?
- Breathing problems:
- Broken bones: which one(s), when and treatment:
- Diabetes: Type and treatment: _____ Usual blood sugar level _____
- Epilepsy: instructions –
- Fainting spells
- Frequent ear infections
- Heart defect
- Hemophilia
- Kidney stones – history and treatment:
- Seizures related to _____ - instructions –
- Serious injuries: list –
- Surgeries: list –
- Other medical history an emergency medical tech. or ER staff needs to know?

“The person to whom my child is entrusted has my permission to seek medical care in my absence. Minor treatment can be given at the scene. Severe injuries or illnesses should be treated by either driving my child to a hospital or by seeking an ambulance. I give permission to order x-rays, routine treatments, anesthesia, emergency surgery or whatever is deemed necessary to render care to my child if I cannot be contacted.”

Parent/Guardian Signature: _____ Date: _____



EMERGENCY CONTACT INFORMATION

PARTICIPANT NAME: _____

In case of emergency, contact:

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

PHYSICIAN

Name _____ Phone _____

Address _____

PREFERRED HOSPITAL

Name _____

OTHER INSTRUCTIONS: