

PLEASE PRINT
ALL ANSWERS



Health Information Form

FOR OFFICE USE ONLY
Group: _____
Date: _____
Form Revised 5/18

Please read and complete the entire form, front and back, carefully. You must complete and sign both this form and the Participant Agreement Form in order to participate. Incomplete or missing information and/or signature will prevent participation.

Participant	Name of Participant _____	Date of Birth (Month/Day/Year) _____	Age _____	Sex _____
	Height _____	Weight _____	Eye Color _____	Hair Color _____
	Parent/Guardian Home Address _____	Parent/Guardian City _____	Parent/Guardian State _____	Parent/Guardian Zip _____
	Parent/Guardian Cell Phone _____	Parent/Guardian Phone _____	Email _____	

Emergency Contact Parent/Guardian	Emergency Contact Name _____	Daytime Phone _____	Evening Phone _____	Cell Phone _____
	Address _____	City _____	State _____	Zip _____

Health Insurance	Participant's Family Physician Name _____	Physician's Phone _____		
	Health Insurance Company _____	Health Insurance ID Number _____	Health Insurance Phone _____	

Health History	Directions: Circle YES or NO if the participant "currently has" or "has a history of" the following. Please provide further detail for all "yes" answers in the blank space provided.			
	General Medical History			
	YES or NO Heart problems?	Explain: _____		
	YES or NO Low or high blood pressure?	Explain: _____		
	YES or NO Respiratory problems? Asthma? (please note if you carry inhaler)	What triggers an attack? Last episode? Ever hospitalized?		
	Explain:	_____		
	YES or NO Allergies? (drugs, bees, food, etc.) Please specify what you are allergic to? Last episode?	Explain: _____		
	YES or NO Dietary restrictions?	Explain: _____		
	YES or NO Gastrointestinal disturbances?	Explain: _____		
	YES or NO Diabetes?	Explain: _____		
	YES or NO Blood disorders, bleeding, or DVT? (deep vein thrombosis)	Explain: _____		
	YES or NO Hepatitis or other liver disease?	Explain: _____		
	YES or NO Neurological problems? Epilepsy? Seizures?	Explain: _____		
	YES or NO Migraines? Describe frequency. Date of last episode, severity:	Explain: _____		
	YES or NO Dizziness, fainting spells?	Explain: _____		
YES or NO Thyroid trouble?	Explain: _____			
YES or NO Current communicable disease?	Explain: _____			

Muscle/Skeletal Injuries/Fractures

YES or NO Recent sprains, fractures, or dislocations?

Explain: _____

YES or NO Shoulder, arm or back injuries?

Explain: _____

YES or NO Knee, hip or ankle injuries and/or surgery?

Explain: _____

YES or NO Head Injury or surgery? When did the injury/surgery occur? Explain: _____

YES or NO Is there limited range of motion? Explain: _____

What's been your most rigorous activity since the injury? Results? Explain: _____

Fitness:

YES or NO Does the applicant exercise regularly ?

Activity _____ Frequency _____

Intensity Level: ____ *Easy* ____ *Moderate* ____ *Competitive*

YES or NO Does the applicant smoke?

If so, how much? _____

YES or NO Is the applicant overweight? Underweight? (*circle one*)

If so, how much? _____

Swimming Ability: ____ *Non-swimmer* ____ *Recreational* ____ *Competitive*

Female Participants ONLY:

****We are unable to take pregnant women rafting regardless of the state of the pregnancy.****

YES or NO Is the applicant currently pregnant?

YES or NO Treatment or medication for menstrual cramps

Other pertinent Health History information:

Immunizations:

Date of last time immunized _____ Date _____

Tetanus (Every 10 years) _____

Mumps, Measles, Rubella _____

Hepatitis A _____

Hepatitis B _____

Cold, Heat, Altitude

YES or NO Frostbite, hypothermia?

Explain: _____

YES or NO Heat stroke or other heat related illness?

Explain: _____

YES or NO Altitude related sickness?

Explain: _____

Medications:

YES or NO Are you allergic to any medications? If yes, please list: _____

YES or NO Presently using any medication (prescription or over-the-counter)? Medication, dosage, side effects, prescribed by, for what conditions?

Over-the-Counter Medications:

Youth Dynamics carries a number of over-the-counter (OTC) medications, especially on our extended trips. These medications are only made available to trip participants under the age of eighteen when parents give consent in writing.

Please select which medications you would like made available if needed.

Or select "YES" to make them all available:

- | | | |
|---|---|--|
| <input type="checkbox"/> YES (Make all available) | <input type="checkbox"/> Anti-diarrhea medicine | <input type="checkbox"/> Antihistamine/Allergy medication |
| <input type="checkbox"/> 100% Aloe vera gel | <input type="checkbox"/> Nasal decongestant | <input type="checkbox"/> Blistex/Lip ointment |
| <input type="checkbox"/> Tecnu cream for poison oak | <input type="checkbox"/> Acetaminophen/Tylenol (extra strength) | <input type="checkbox"/> Pepto-Bismol/Indigestion medicine |
| <input type="checkbox"/> Hydrocortisone anti-itch creme | <input type="checkbox"/> Ibuprofen/Advil | <input type="checkbox"/> Metamucil/Fiber laxative |
| <input type="checkbox"/> Eye wash | <input type="checkbox"/> Naproxen sodium/Aleve | |

Consent for Treatment

In the event of a medical emergency, I hereby give permission to YD staff to administer or obtain medical treatment, which may include hospitalization, surgery, ordering of injection, administering of anesthesia, or taking of medication(s) for the minor participant or me. I authorize YD staff and the third party medical care provider to exchange medical information pertinent to the care sought. I agree to pay all the costs of rescue and medical services incurred on my or the child's behalf.

Participant's Printed Name _____ Participant's Age _____ **Date Signed** (Month/Day/Year) _____

Signature (18 yrs & older): _____

Adult (18 years and older) Participant's Signature OR Parent/Guardian's (of minor participant - 17 years and younger) Signature



Participant Agreement – *Form Revised 4/5/18*

(Including Acknowledgment and Assumption of Risks and Agreements of Release and Indemnity)

Please read this document carefully. It affects the legal rights of participants in the activities of Youth Dynamics (a Washington not-for-profit corporation operating in Washington, Oregon and Idaho and referred to herein as “**Youth Dynamics**” or “**YD**”) and their families in the event of an injury or other loss. It must be agreed to and signed by all adult (18 years and older) participants in the activities of YD. If the participant is a minor, it must be signed by at least one parent or legal guardian of that minor. The parent or guardian (each referred to below as “parent”) agrees and signs on his or her own behalf and, to the maximum extent allowed by law, on behalf of the minor child.

In consideration of the services of YD, I, the undersigned, acknowledge and agree as follows:

Activities and Risks: The activities of YD may include horseback riding and related equine activities, including sleigh and wagon rides; mountain biking, unicycling and skateboarding; whitewater rafting, inflatable kayaking and stand up paddle boarding; rock climbing, ice climbing, and mountaineering; backpacking, backcountry skiing, raft tobogganing, and camping, including winter camping; and high and low Challenge Course; sailing and long boating activities. Urban activities include tutoring, job training, bible studies, field trips, service projects, gym and other indoor and outdoor games and other youth centered activities. Participants will have free time, and may engage in other activities, some of which may not be supervised or scheduled. YD staff may terminate or modify an activity, or separate a participant from an activity if the participant appears to be a danger to himself or herself or to others.

The risks of these and other activities include: the unpredictable forces of nature including extreme heat and cold, avalanche, rockfall and lightning; river crossings; travel by motor vehicle to and from activities; falling, including while moving and climbing over ice and snow and other uneven and difficult terrain; the failure of communication and other equipment; the carelessness, including failure to follow instructions, of other participants and YD staff, and the acts of third persons (including hunters); altitude related illnesses; risks typically associated with operating or riding in watercraft including obstructions over and under the water, and being thrown from the watercraft; encounters with harmful plants, insects, reptiles, or animals; injury or illness, including altitude illness, in a remote environment where medical care may be significantly delayed; and the unpredictable nature of horses. The risks described above, and others, including the possibility of negligence of other participants and YD staff, are inherent to the activities, premises and equipment provided by YD – that is, they cannot be eliminated without discouraging active participation and destroying the essential nature and the social and instructional value of the activity. These and other risks, inherent or not, can be the cause of loss or damage to equipment or personal injury, illness, and, in extreme cases, permanent trauma and death. Environmental and weather related injuries and illnesses include frostnip, frostbite, hypothermia, heat exhaustion, heat stroke, hyponatremia, and dehydration, acute mountain sickness, pulmonary edema, and/or retinal hemorrhage, and drowning.

I am, or the child is, physically and mentally capable of participating in the activities of YD and I know of no condition that would cause me or the child to be a danger to ourselves or others. I acknowledge that the staff of YD has been available to more fully explain to me, and to the minor child, if applicable, the nature and physical demands of these activities and the inherent and other risks, hazards, and dangers associated with them.

Acknowledgment and Assumption of Risks: Understanding the nature of the activities and their risks and that unanticipated risks may be encountered, I, an adult participant, or parent, acknowledge and expressly assume all risks of the activities, whether or not described above, known or unknown, and inherent or otherwise. **If the injury or other loss occurs on U.S. government lands (including certain National Parks and Forests) whose rules or regulations are determined as a matter of law to prohibit the assumption of ALL risks, this assumption extends to inherent risks only.** Parent and minor Participant have discussed the activities and risks, and the minor understands the activities and risks and chooses to participate nevertheless.

Release and Indemnity: I, an adult participant, or parent (parent, signing for myself and to the maximum extent allowed by law on behalf of the minor participant) HEREBY AGREE TO RELEASE AND NOT TO SUE Youth Dynamics, Shepherd's Staff, and their respective directors, trustees and staff, including volunteers ("Released Parties") with respect to any and all claims of injury, disability, death, or other loss or damage to person or property, suffered by me or the minor child which arise in whole or part from my or the child's enrollment or participation in an activity of YD. I FURTHER AGREE TO INDEMNIFY (THAT IS, DEFEND AND PAY OR REIMBURSE ANY CLAIM OR JUDGMENT, INCLUDING COSTS AND ATTORNEYS FEES) THE RELEASED PARTIES and each of them from 1) any claim, including one brought by a member of my or the child's family, arising out of an injury to me or the child and 2) any claim of injury or loss brought by any other person, including a co-participant or rescuer, arising in whole or part from my or the child's conduct. These agreements of release and indemnity include loss or damage caused or claimed to be caused in whole or in part by the negligence (but not the gross negligence or intentionally wrongful conduct) of a Released Party and include claims of breach of contract, products liability and otherwise. **The agreements of release and indemnity are of no force or effect if the injury or other loss occurs on U.S. government lands (including certain National Parks and Forests) to the extent the rules or regulations applicable thereto are determined as a matter of law to prohibit such a release or indemnity.**

Other: I consent to the use by YD of any photograph, picture, film, or video taken of or by me, or the minor participant, for publicity, promotion, television, websites, or any other use, and expressly waive any right of privacy, compensation, copyright, or other ownership right connected to the same.

In the event of a medical emergency, I hereby give permission to YD staff to administer or obtain medical treatment, which may include hospitalization, surgery, ordering of injection, administering of anesthesia, or taking of medication(s) for the minor participant or me. I authorize YD staff and the third party medical care provider to exchange medical information pertinent to the care sought. I agree to pay all the costs of rescue and medical services incurred on my or the child's behalf.

A suit or mediation arising from a dispute between a Released Party and me, or the child, or anyone acting on behalf of either me or the child, shall be filed and maintained exclusively in the State in which the loss occurred, and in the following county of that State: in Washington, Skagit County, in Oregon, Multnomah County and in Idaho, Ada County. Provided however, I agree that a Released Party may at its option cause any suit or mediation filed in Multnomah or Ada County to be transferred to Skagit County, Washington. I, for myself and for the child consent to the jurisdiction of the courts here specified under the circumstances described. In any event, and wherever the suit or mediation is filed, the substantive laws (not including the laws which may apply those of another jurisdiction) of the state in which an alleged loss occurs (Washington, Idaho or Oregon) shall apply to the interpretation of this agreement and to any dispute between me, or the minor participant, and a Released Party. I will pay all costs and attorney's fees incurred by YD or another Released Party in defending a claim or suit, to the extent the claim or suit is withdrawn by me or the child or a court or arbitration determines that YD is not responsible for the injury or loss.

This agreement is intended to be as broad and inclusive as is permitted by law. If any portion of this agreement is found by a court or other appropriate authority to be invalid, the remainder of the agreement nevertheless will be in full force and effect. This agreement applies to this and all future participation in events and activities of YD until cancelled or replaced in writing.

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate.

Participant's Printed Name

Participant's Age

Signature: _____

(Adult Participant's Signature *18 years & older*)

OR

Parent/Guardian's Signature (of minor participant - *17 years and younger*)

Date (Month/Day/Year)