

Morse Hill Outdoor Education Center, Inc.

Applicant Registration, Confidential Information, Waiver and Release of Liability

Morse Hill Outdoor Education Center programs are for those in reasonably good health and incorporate a variety of activities from canoeing, rock climbing, games, low ropes initiatives to high ropes, etc. Each participant may choose the level of his or her participation realizing that, although safety is a high priority at Morse Hill, there is a risk of physical injury that they must assume. Participants must be covered by health and accident insurance during the time of their participation. Please complete the following questionnaire prior to your participation. This information will be used to inform staff of any pre-existing condition.

Event Name _____ Event Dates _____ Amount enclosed _____

General And Emergency Information

Name _____ Age _____ Birth Date _____

Name _____ Age _____ Birth Date _____

Name _____ Age _____ Birth Date _____

Name _____ Age _____ Birth Date _____

Name _____ Age _____ Birth Date _____

Name _____ Age _____ Birth Date _____

Name _____ Age _____ Birth Date _____

Address _____ Town _____ State _____

Zip _____ Telephone _____ Email _____

Emergency contact (name, relationship & phone) _____

Medical Information

Fill out names and details, if the below applies to anyone in your group

Explain any medical conditions, injuries or disabilities (permanent or temporary) that you or your doctor feel would limit your participation in Morse Hill's programs. _____

Emotional conditions or fears _____

Medications and the conditions they are treating (if none, state so) _____

Allergies (food, insect, plant, animal, medication, other) _____

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Check boxes for anyone in your group that has any of the following and provide details and names on lines below

Follow up care or surgery in the past year for any conditions that might limit your participation? _____
Name

Current symptoms during exercise, or any personal history of the following?

Chest Pain _____ High Blood Pressure _____ Heart Attack _____
Name Name Name

Heart Disease _____ Heart murmur _____ Heart Palpitations _____ Stroke _____
Name Name Name Name

Diabetes? Yes No _____ If you answered yes, are you dependent on insulin? Yes No
Name

Please provide details and names for all checked items. _____

If you checked any part of the Medical History questions above, Morse Hill strongly recommends that you see a physician before participation.

If you lead a sedentary lifestyle, smoke, are overweight, have diabetes or are 45 years of age and have a family history of heart disease, Morse Hill strongly recommends that you consult your physician before participation.

If you are unclear about whether to consult your physician or you or your physician would like more information regarding the activities included in your program, please contact Morse Hill.

- I have consulted my physician: Yes No
- My physician advises me that I may participate fully.
- My physician has advised me to avoid certain activities.
- My physician advised me not to participate.

If your physician has limited or disapproved your participation, please provide further details: _____

Waiver and Release of Liability

I recognize the inherent risk of injury or disability associated with Morse Hill's activities and I agree to assume that risk for my family and me. I further agree to follow all of Morse Hill's safety instructions. I hereby release Morse Hill Outdoor Education Center, Inc., its staff members, volunteers, and Board of Directors from all liability for any injury to my family and me from participation in Morse Hill activities. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary.

I understand that failure to answer this questionnaire in a full and comprehensive manner could affect my child's or own safety as well as that of others, and therefore I affirm that the information herein is accurate and complete. I agree to hold Morse Hill Outdoor Education Center harmless if full disclosure of a pre-existing medical condition has not been made.

Date: _____

Participant Signature or Signature of Parent or Guardian if Participant is under 18 years of age