

The University Prep Outdoor Program Health Information Form and Release of Liability

Please fill out each line item below as truthfully as possible. Where appropriate, please include details for any injuries, illnesses or conditions that may limit your participation in U Prep's Outdoor Program. This form is confidential.

Name: _____

Home Phone: () _____

Sex: M / F

Address: _____

Age: _____

Date of Birth: (m) _____ (d) _____ (y) _____

Height: _____

Weight: _____

Email: _____

In Case of Emergency, Please Contact:

Name: _____

Relationship: _____

Address: _____

Home Phone: () _____

Work Phone: () _____

Mobile Phone: () _____

Medical Insurance Company: _____

Policy Number: _____

Health Questionnaire:

Circle one

- | | | |
|----|---|----------------|
| 1. | Are you currently under any treatment for any illness or condition?
Describe: _____ | Y / N |
| 2. | Do you have a condition requiring regular medication?
Describe: _____ | Y / N |
| 3. | Are you currently taking medication(s)? You are expected to have them with you during the program. List each and explain use:

_____ | Y / N |
| 4. | Has a medical physician told you to limit your activity?
Describe: _____ | Y / N |
| 5. | Have you been diagnosed with asthma?
Do you carry an inhaler? | Y / N
Y / N |
| 6. | Have known allergies to any food products, medications, or insect stings?
Please list: _____
_____ | Y / N |
| | Have you ever had an allergic anaphylactic reaction?
Do you carry Epinephrine (Epi Pen or other)? | Y / N
Y / N |
| 7. | Do you have disabilities that could affect your participation in University Prep's Outdoor program?
Describe: _____
_____ | Y / N |
| 8. | Have you ever had any injuries including back, spine, head, Broken bones, sprains, dislocations, soft tissue injuries? | Y / N |

List year and injury:

9. Do you have a known heart condition and/or high blood pressure? Y / N
Are you taking medication for this? Y / N

List: _____

10. Have you ever undergone surgery? Y / N

List and describe: _____

11. Describe your swimming ability: _____

12. Date of last Tetanus shot: _____

13. Please note any food preferences here: _____

Field Trip Consent, Release and Indemnification Agreement

OUTDOOR PROGRAM COURSE/TRIP _____

PLEASE READ CAREFULLY

In return for allowing my (our) student, _____ to participate in the University Preparatory Academy (University Prep) Field Trip referenced above, the undersigned parent(s) hereby agree(s) to release, defend, hold harmless and indemnify University Prep, its directors, employees, trustees, agents, contractors, officers, and other representatives, and any individuals who provide transportation to or from this Field Trip on a voluntary basis, from all actions, causes of action, damages, claims or demands of negligence, except those of gross negligence and/or intentional or reckless wrongdoing, which the undersigned or any successor may have against University Prep, or such other parties, for all personal injuries, property damage, or other types of loss or damage of any kind, whether or not presently known or contemplated, which may be incurred during any such outside activities, including transportation to and from such activities.

If I (we) are signing this release on behalf of a minor child, I (we) understand that claims brought by or on behalf of said minor child are not released hereby, but I (we) agree to indemnify and hold harmless University Prep, its directors, agents, and employees, and any individuals who provide transportation to or from this Field Trip on a voluntary basis, from damages incurred as a result of the minor's participation in or travel to and from the Field Trip, except those arising from the gross negligence and/or intentional or reckless wrongdoing of University Prep, its directors, agents, and employees, and any individuals who provide transportation to or from such Field Trip on a voluntary basis.

I (we) recognize that _____ is a hazardous and dangerous activity with inherent risks. I (we) recognize that such risks can lead to serious injury or death. I (we) have voluntarily made a choice for my(our) student to participate in this activity and expressly assume and accept the risks inherent in the activity. I (we) agree to release, hold harmless, and indemnify University Prep, its directors, employees, trustees, agents, contractors, officers, and other representatives from all claims for any injury or damage resulting from any cause, including negligence, but excluding gross negligence, which arise out of participation in this activity. I (we) accept full responsibility for all medical expenses and claims incurred as a result of my (our) student's participation in the activity.

I give consent for my child to receive acetaminophen (Tylenol), ibuprofen (Advil/Motrin), TUMS, and Benedryl if needed for pain management and comfort in case of injury or illness in wilderness travel.

Each person signing below acknowledges having read this consent, release and indemnification agreement and understood all of its terms and their significance, that he/she has legal authority to provide consent for the student named herein, and that this consent, release and indemnification agreement is executed voluntarily for the purpose of broadening the educational experience of said student.

Parent(s) or Legal Guardian(s):

Signature _____

Signature _____

Name _____

Name _____

Date _____

Date _____

Student Signature (if student is over 18):

Signature _____

Name _____

Date _____