

Counselor/Teacher Name: _____

School: _____

Mount Hermon Outdoor Science School
Adult Health Emergency Information Form
(All Adults 18 and over Must Complete this Form)

Name _____ Date of Birth ____/____/____ Male ___ Female ___

Home Address _____ City _____ Zip _____

Day/Evening Phone _____ Cell Phone _____

EMERGENCY CONTACT

Name _____ Relation _____ Email _____

Day Phone _____ Evening Phone _____ Cell Phone/Pager _____

HEALTH INFORMATION (Please fill out completely. No doctor signature is required. *Please explain* questions with an asterisk (*) in space below. If an "In Past" is marked, please put a date next to it.)

Medical Conditions

- Bleeding/Clotting Disorder Yes No In Past
- Asthma Yes No In Past
- o Carry Inhaler Yes No In Past
- Diabetes Type 1 ; 2 Yes No In Past
- Kidney Disease Yes No In Past
- Heart Defects* Yes No In Past
- Hypertension Yes No In Past
- Immune-Compromised Yes No In Past
- Psychiatric Treatment Yes No In Past
- Tuberculosis Yes No In Past
- Bronchitis Yes No In Past
- Seizures/Epilepsy Yes No In Past
- Sleepwalking Yes No In Past
- Other Medical Conditions* Yes No In Past
- Other Diseases* Yes No In Past

Allergies

- Hayfever Yes No In Past
- Poison Oak Yes No In Past
- Any Topical Application* Yes No In Past
- Medication Allergies* Yes No In Past
- Bees (state severity)* Yes No In Past
- Insects (state which)* Yes No In Past
- Nuts (state which)* Yes No In Past
- Latex Yes No In Past
- Other* Yes No In Past
- o Carry Epi Pen for any?* Yes No In Past

Last Tetanus Shot
Date _____ For what? _____

*Please explain severity and/or any conditions, diseases or allergies marked "Yes" _____

HEALTH QUESTIONNAIRE:

Are you taking regularly scheduled prescription medication? Yes No

Please list and explain all medications that you are taking (All medications, either Prescription or Over The Counter, have to be either on your person or held at the 1st Aid Station for you when you need it—not in the cabin.) _____

Are there any restrictions on your physical activity? Yes No

Please describe _____

Do you have any severe food allergies? Please list _____

Do you have any food restrictions (i.e. vegetarian/vegan/religious) or moderate food allergies? Please list _____

Name of Physician _____ Phone _____

Participant/Guardian Waiver Form

School _____

Please read this document carefully. It must be signed by all Mount Hermon Outdoor Science School Participants and Cabin Leaders. If the participant is a minor, at least one parent or guardian must also sign as evidence of their agreement to these terms and conditions on their own behalf and on behalf of the minor.

1. I acknowledge that I have voluntarily applied to participate in the Mount Hermon Outdoor Science School program operated by Mount Hermon Association, Inc. which can be a physically demanding and/or challenging program. Students may participate in standard Outdoor Science School activities with manageable medical conditions. However, if I am participating in the Redwood Canopy Tour Zip-line, I do not have any medical conditions which might create an unsafe risk to myself or others who are participating in this activity with me.

2. Acknowledgement of Risks

I understand that the Mount Hermon Outdoor Science School at Mount Hermon may expose participants to certain risks. The activities require moderate physical exertion and may be conducted at heights up to 150 feet (Redwood Canopy Tour Zip-line). Among the hazards and risks of the activities and use of the premises and equipment are the following: falls; collisions; abrupt and possibly harmful contact with structures, objects and persons; anxieties and fears associated with heights; close contact with other people; coordination and misjudgments on the part of participants; the failure of structures or equipment; and the unpredictable forces of nature. Participants may experience increased heart rate and other symptoms of anxiety and stress due to physical exertion, reliance on other participants, a fear of height, or of unprotected falling, loss of balance, coordination and misjudgments, including failure to follow procedures and instructions, physical or mental or psychological stress, fatigue, chill and /or dizziness which may diminish reaction time and increase the risk of an accident. Injuries associated with participation may include breaks, sprains, bruises, and in extreme cases, emotional upset, anxiety and even death. Participants acknowledge that the description of risks is not complete and that other unknown or unanticipated risks may result in injury, illness or death. Participants acknowledge that this program is purely voluntary, and with full knowledge of the inherent risks of the activities.

3. Assumption of Risks

I understand that participation in the Mount Hermon Outdoor Science School entails certain risks. I am voluntarily participating in this program with knowledge of the risks involved. I hereby accept any and all risks of injury or death to myself or any minor children for which I am responsible, arising out of or in any way connected with the use of the program, the Mount Hermon Adventure facilities, and/or one of affiliated organizations of Mount Hermon Association, Inc.

4. Release and Indemnity

As consideration for being permitted to participate in the Mount Hermon Outdoor Science School, I hereby agree that I, my assignees, heirs, and/or as the parent/guardian of a minor participant, will release and hold harmless and not bring any claim or legal suit against Mount Hermon Association, Inc., its directors, managers, officers, agents, employees and volunteers or its affiliated organizations or the supplier of any of the equipment used in the activity ("Released Parties"), for any and all claims of injury, disability, death or other loss or damage to person or property suffered by me or my minor child arising in whole or in part from participation in this program, both foreseeable or unforeseeable.

In addition, I agree TO INDEMNIFY (that is, defend and satisfy by payment or reimbursement, including costs and attorney's fees) Released Parties from any claim of loss, injury or death, brought on by myself or my child against another co-participant. These agreements of release and indemnity include loss or damage caused or claimed in whole or in part by the negligence of a Released Party, but not intentional wrongs or the gross negligence of a Released Party.

I HAVE CAREFULLY READ THIS VOLUNTARY PARTICIPATION AGREEMENT FORM AND PARTICIPANT REQUIREMENTS AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY IN WHICH I AM GIVING UP IMPORTANT LEGAL RIGHTS AND A CONTRACT BETWEEN MYSELF AND MOUNT HERMON ASSOCIATION, INC. AND/ OR ITS AFFILIATED ORGANIZATIONS, AND SIGN IT OF MY OWN FREE WILL.

Print Name

Signature

Date