

# Oneida Experiential and Adventure Program

## REGISTRATION/STATEMENT OF HEALTH FORM OUTDOOR ADVENTURE PROGRAMMING

TRIP DESTINATION/CLASS \_\_\_\_\_ TRIP/CLASS DATES: \_\_\_\_\_

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT PERSON IN EMERGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

Relationship: \_\_\_\_\_

HEALTH HISTORY (DESCRIBE CONDITION/TREATMENT WHERE POSSIBLE, ALLERGIES

(insect stings, drugs, etc.) \_\_\_\_\_

CONDITIONS REQUIRING REGULAR MEDICATION (Diabetes, Epilepsy, etc.) \_\_\_\_\_

WHAT MEDICATIONS WILL YOU BE BRINGING ALONG? \_\_\_\_\_

WILL YOU BE LEAVING ANY MEDICATIONS BEHIND? \_\_\_\_\_

DIET RESTRICTIONS: \_\_\_\_\_

FORMER INJURIES, ILLNESS, OPERATIONS (& DATES): \_\_\_\_\_

OTHER PHYSICAL DISABILITIES OR CHRONIC OR PHYSICAL CONDITIONS (heart or back problems, high blood pressure, etc.) \_\_\_\_\_

EMOTIONAL OR BEHAVIORAL DISORDERS (phobias, etc.) \_\_\_\_\_

I declare the statement on this form to be true.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian  
(If Minor Applicant Under 18)

\_\_\_\_\_  
Date

# Oneida Experiential and Adventure Program

Oneida, WI 54155

## **READ CAREFULLY – YOU ARE GIVING UP SUBSTANTIAL LEGAL RIGHTS**

We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks.

I fully understand that whitewater kayaking/canoeing, sea kayaking, rock climbing, caving, camping, primitive living skills, or any other outdoor programming is a dangerous activity and that there are substantial risks and dangers that exist by the very nature of the sport. I further understand that risks and dangers exist from latent (unknown) defects in equipment used in all of the foregoing. All of the skills involved directly in and indirectly in connections with these activities involve and require the participant (you) to be in good physical health, therefore you agree to inform, in writing, Oneida Experiential and Adventure Program, before departure from its headquarters of any physical condition that might impair or hamper your participation in this sport (ie heart condition, sprains, etc.)

I fully understand and acknowledge that my participation in the activities of whitewater kayaking/canoeing, rock climbing and that incidentally there to could result in injury or illness including but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability.

**I HEREBY ASSUME ALL RISKS AND DANGERS AND ALL RESPONSIBILITY FOR ANY LOSSES AND/OR DAMAGES WHETHER CAUSED IN WHOLE OR PART BY THE NEGLIGENCE OR OTHER CONDUCT OF THE OWNERS, AGENTS, OFFICERS, EMPLOYEES, OR SERVANTS, WHETHER SAID RISKS AND DANGERS ARE FORESEEABLE OR UNFORE-SEEABLE.**

AS PART OF THE CONSIDERATION FOR THE SERVICES PROVIDED BY THE OWNER, I HEREBY RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, DEFEND AND INDEMNIFY ONEIDA EXPERIENTIAL AND OUTDOOR ADVENTURE PROGRAM AND THE ONEIDA TRIBE OF INDIANS OF WI, ITS EMPLOYEES, OFFICERS, AGENTS OR SERVANTS FROM ANY AND ALL CLAIMS, ACTIONS OR LOSSES FOR BODILY INJURY PROPERTY DAMAGE, WRONGFUL DEATH, LOSS OF SERVICES OR OTHERWISE WHICH MAY ARISE OUT OF MY PARTICIPATION ON THE ACTIVITIES ARRANGED BY ONEIDA EXPERIENTIAL AND ADVENTURE PROGRAM. THIS AGREEMENT WILL BE BINDING UPON MY PERSONAL REPRESENTATIVES AND MY HEIRS.

**I SPECIFICALLY UNDERSTAND THAT I AM RELEASING, DISCHARGING AND WAVING ANY CLAIMS, ACTIONS OR SUITS WHICH I MAY HAVE PRESENTLY OR IN THE FUTURE FOR THE NEGLIGENT ACTS OR OTHER CONDUCT BY ONEIDA EXPERIENTIAL AND ADVENTURE PROGRAM, ITS EMPLOYEES, AGENTS, OFFICIALS OR SERVANTS FOR ANY INJURY OR DAMAGES OF ANY KIND WHICH MAY OCCUR AS A RESULT OF MY PARTICIPATION IN THE ACTIVITIES PROVIDED BY ONEIDA EXPERIENTIAL AND ADVENTURE PROGRAM.**

By signing this release and waiver and Medical Authorization, I hereby agree to be bound by the laws of the State of Wisconsin in its interpretation and application. I hereby certify that I am at least eighteen (18) years of age and fully understand the document that I am signing.

## **MEDICAL AUTHORIZATION**

I hereby specifically authorize ONEIDA EXPERIENTIAL AND ADVENTURE PROGRAM AND THE ONEIDA TRIBE OF INDIANS OF WI, its employees, officers, agents or servants to provide, arrange for, or authorize medical treatment of me in the case of emergency, accident, illness, or injury.

**I HAVE READ THE ABOVE WAIVER OF LIABILITY, ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION AND BY SIGNING IT AGREE THAT IT IS MY INTENTION TO EXEMPT AND RELIEVE ONEIDA EXPERIENTIAL AND ADVENTURE PROGRAM, ITS EMPLOYEES, OFFICERS, AGENTS AND SERVANTS FROM LIABILITY FROM PERSONAL INJURIES OR PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR OTHERWISE, THAT I CAN READ AND UNDERSTAND THE ENGLISH LANGUAGE, THAT I FULLY UNDERSTAND THE CONTENTS HEREOF AND OF THE WISCONSIN “DUTIES OF PARTICIPANTS” AND THAT I AM SIGNING THIS WAIVER OF LIABILITY, ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION FREELY AND VOLUNTARILY.**

The venue of any dispute that may arise out of this agreement or otherwise between the parties of which Oneida Experiential and Adventure Program or its agents as a party shall be either the Oneida Tribe of Indians or the State of Wisconsin Supreme Court.

Date: \_\_\_\_\_ X \_\_\_\_\_ 2/3/04