

Oneida Experiential and Adventure Program

ROPE COURSE STATEMENT OF HEALTH FORM

NAME: _____

AGE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

ADDRESS: _____

CITY: _____ STATE: _____

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 MEDICATIONS (Diabetes, Epilepsy, etc.) _____

RECENT INJURIES, ILLNESS, OPERATIONS _____

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

EMOTIONAL OR BEHAVIORAL DISORDERS (phobias, etc.) _____

I hereby authorize the leader of the event to secure medical advise and service as may be deemed necessary for the health and safety of myself (or my daughter/son/ward) and I agree to accept financial responsibility in excess of the benefit allowed by provincial health insurance plans:

1. Where the health and well-being of the applicant is involved
2. Where medical advice has been such that further services are required services which require the consent of the parent or guardian.
3. Where all attempts to contact the parent or guardian have failed or where due to the nature of the emergency there is insufficient time to contact such parent or guardian.

It shall be at the discretion of the leader of the event as to what steps must be taken for the welfare and safety of the applicant.

I, the applicant (parent or guardian of minor applicant), assure full responsibility for the applicant's health being such that the activity will in no way aggravate any conditions present. If in doubt, medical advice will be sought and followed. The Oneida Experiential and Adventure program staff will be notified of any changes in the applicant's health status prior to participation in the Program.

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

Registration/Release for Participation

READ CAREFULLY BEFORE SIGNING

I, the applicant (Parent or Guardian if under 18 years old) agree to abide by the safety rules and regulations set by The Oneida Experiential and Adventure program.

I, the applicant (Parent or Guardian if under 18 years old) understand and appreciate that there are certain inherent risks involved in participating in the Oneida Experiential and Adventure program activities which are beyond the control of the Oneida Experiential and Adventure program staff and agree to personally be aware of such risks.

I, the applicant (Parent or Guardian if under 18 years old) understand that every care and attention will be given to the health and comfort of the participants, but that the Oneida Experiential and Adventure program and its staff cannot be held liable for any injuries sustained while participating in an event facilitated by the Oneida Fitness and Recreation Area staff.

My signature(s) indicate(s) that I have read and understand and agree to all items contained in this document. In addition, my signature indicates that I have explained this waiver and the program they are attending to my minor. The minor has indicated they fully understand to my satisfaction the nature of this program. My signature indicates I am in agreement to the following:

1. I hereby release my own rights to make a claim on the behalf of myself or the minor, including for negligence.
2. I hereby release my own rights to make a claim as a result of an injury to myself or the minor, including for negligence.
3. I hereby agree to indemnify or reimburse Oneida Experiential and Adventure Program and the Oneida Tribe of Indians of Wisconsin for claims brought by others by or on behalf of myself or the minor, including for negligence.
4. I agree that I have been informed of inherent risks associated with participation and agree to accept the terms of this contract on behalf of myself/minor.

I, HEREBY RELEASE THE ONEIDA EXPERIENTIAL AND ADVENTURE PROGRAM, ITS AGENTS, AND EMPLOYEES FROM ANY CLAIMS, DAMAGES, LIABILITY, AND INJURIES IN ANY FORM ARISING OUT OF INVOLVEMENT IN ANY ONEIDA EXPERIENTIAL AND ADVENTURE PROGRAM. I HAVE READ AND UNDERSTAND THE DESCRIPTION OF THE PROGRAM.

Signature of Applicant

(Date)

Signature of Parent or Legal Guardian (if applicant is under 18)

(Date)