CAMPER HEALTH INFORMATION

Participant name: _____ Date of birth: ____/____/____

Date of last tetanus booster: ____/____/____ Are child's immunizations up to date? ____

Dietary restrictions: ___ No ___ Yes (explain)
_____

Activity restrictions: ___ No ___ Yes (explain)
_____

Allergic reaction to medications, bee stings, or foods: ___ No ___ Yes (explain)
_____

Other allergies: ___ No ___ Yes (explain)
_____

Heart/repertory problems: ___ No ___ Yes (explain)
_____

Asthma: ___ No ___ Yes (explain)
_____

Epileptic or other seizures: ___ No ___ Yes (explain)
_____

HEALTH AND EMERGENCY INFORMATION

Child's name: _____ F_____ M_____ Age:____

Address:_____
City: _____ State:____
Zip: _____

Birth date: _____

Mother's name _____ Phone H_____W_____

Father's name_____ Phone H_____W_____ Name of

emergency contact _____ Phone _____

Will you child be taking any medications during participation? _____ No _____ Yes
Is your child capable of self-medicating? _____ No _____ Yes
Allergic reaction to medications, bee stings, or foods? ____No ____ Yes (explain)
_____

Does your child carry an allergy kit? _____ No _____ Yes (explain) _____
_____
_____

In case of emergency, please contact (2 people other that parents):

1)_____

name phone relationship

2)_____

name phone relationship

Personal physician _____ Phone _____ Address:

_____ Health Insurance

Company: _____Policy number: _____

Other medical conditions including diabetes, psychiatric treatment, recent surgery or major illness:
____ No ____ Yes (explain) _____
_____

Is the child presently taking any medications? _____ No _____ Yes (list)

Name: _____ Dosage: _____

Name: _____ Dosage: _____

Name: _____ Dosage: _____

Please provide us with other important information. _____
_____
_____

AUTHORIZATION TO ADMINISTER MEDICATION

(name of medication) (time of medication) (child's name) (length of time)

"I hereby authorize staff members at International Rock Climbing School, Inc. to administer _____ at _____ to _____ for_____"

Signature of parent or guardian _____

"I agree not to hold International Rock Climbing School, Inc. or any of its employees liable for giving/not giving the above medication."

_____
Signature of Parent or Legal Guardian

PHYSICIAN'S STATEMENT

"I have examined the above child. In my opinion, the child's condition does not preclude his/her participation in an active camp program."

_____
Physician's signature

Date of form completion ____/____/_____ Date

of child's last exam ____/____/_____

PARTICIPANT RELEASE OF LIABILTY AND ASSUMPTION OF RISK

International Rock climbing School, Inc.

Participant Name _____In consideration of being allowed to participate in any way in the program, related events and activities, I understand, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential to permanent paralysis and death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself, and on behalf of my hairs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE International Rock Climbing School, Inc., its officers, officials, agents and/or employees, other participants, sponsor, advertisers, and, applicable, owners and lessors of premises used to conduct the event (RELESEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DIABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TREMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RUGHTS BY SIGNING IT , AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X_____ _____ _____

Participant's Signature Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the International Rock Climbing School, Inc. from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law

X_____ _____ _____

Parent/Guardian Signature Date Emergency Phone Number(s)