

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

As parent or legal guardian of _____, I hereby give permission for my child to participate in International Rock Climbing School, Inc. programs, I recognize that hiking, backpacking, climbing, swimming and traveling on a van have inherent risks involved. I agree to waive all claims of liability, loss, cost, damage and personal injury, including total disability, paralysis and death, which may occur while under instruction, supervision, or control of International Rock Climbing School, Inc. I hereby testify to my child's sound health of mind and body and I authorize International Rock Climbing School, Inc. to seek medical treatment at the nearest facility in case of emergency. I give my permission to International Rock Climbing School, Inc. to use any pictures of my child taken during camp for future advertising.

I have read and understand all the above and agree to abide by the policies listed.

Signature of Parent or Legal Guardian _____ Date: ____/____/____

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/respiratory 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 than 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 ___/___/___