

Organization: U.S. Naval Sea Cadet Corps -- Central Kentucky Training Command

Leader: LCDR Shannon Montgomery, COTC

## **AdventureServe**



### **Participant Information & Liability Release**

**Important. This is a legal document! It must be read and understood in its entirety by all who sign below.** It must be signed by all participants (including chaperones and other volunteers) and by a parent (preferably both) or guardian of participants who are minors. A copy of this form may be used as if an original.

If you have any questions, contact AdventureServe at 800-884-8483.

#### **A. Participant Information**

To be filled out by the participant's parent/guardian (if the participant is under the age of 18) or by the adult participant.

Participant Name \_\_\_\_\_

Gender \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Address (if different) \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Business Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### **B. Emergency Contact**

Parents/guardians of participants under age 18 must provide the name of someone to be notified if the parents/guardians are unavailable in an emergency. Adult participants must provide the name of someone not attending the trip who can be notified in an emergency.

Contact Name \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### C. General Health History

The following is to be filled out by the participant's parent/guardian or by the adult participant. Please note that if any question in this section is answered "yes," Part D of this form MUST BE completed by a licensed medical practitioner. If all questions in this section are answered "no," it is recommended (not mandatory) that Part D of this form be completed by a licensed medical practitioner.

**Has the participant ever been treated by a doctor for any of the following? Every item must be checked.**

	Yes	No		Yes	No
Major Dental Problems	_____	_____	Dizzy Spells or Migraines	_____	_____
Skin Problems (other than acne)	_____	_____	Diarrhea or Constipation	_____	_____
Hearing or Vision Problems	_____	_____			
Kidney Problems	_____	_____	<b>Diseases</b>		
Cysts, Tumors or Growths	_____	_____	Parkinson's Disease	_____	_____
Serious Injuries	_____	_____	HIV/AIDS	_____	_____
Bone or Joint Problems	_____	_____	Tuberculosis	_____	_____
Back Problems	_____	_____	Cancer	_____	_____
Emotional Problems	_____	_____	Hepatitis	_____	_____
Disabilities	_____	_____	Other Diseases	_____	_____
Frequent Ear Infections	_____	_____			
Convulsions or Seizures	_____	_____	<b>Severe Allergies</b>		
Heart Defects or Heart Disease	_____	_____	Insect Stings	_____	_____
Bleeding or Clotting Problems	_____	_____	Foods	_____	_____
High or Low Blood Pressure	_____	_____	Drugs or Medicines	_____	_____
Hernia	_____	_____	Poison Ivy	_____	_____
Diabetes or Hypoglycemia	_____	_____	Pollens	_____	_____
Asthma or Breathing Problems	_____	_____	Other Allergies	_____	_____
Eating Disorders	_____	_____			

Operations/Serious Injuries: \_\_\_\_\_

Disabilities or Recurring Illnesses: \_\_\_\_\_

Dietary or Activity Restrictions: \_\_\_\_\_

Current Medications with instructions \_\_\_\_\_

Other Comments: \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you carry family medical or hospital insurance? \_\_\_\_\_ If yes, please list your policy information below.

Carrier: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

#### D. Professional Health Care Recommendations

To be completed by a licensed medical provider. **If the participant answered “yes” to any question in Part C, this part is required.** If the participant answered “no” to ALL questions, this part is recommended but not required.

Participant Name \_\_\_\_\_

Does the participant have any physical conditions requiring restriction(s) in an active camp program that may include high-intensity activities? (Circle) YES NO

If “YES,” describe the restriction(s):

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Is the participant under the care of a physician for any specific medical condition, or receiving ongoing treatment? (Circle) YES NO

If “YES,” describe care or treatment:

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Current or ongoing medications? (Circle) YES NO

If “YES,” please list medications:

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Known allergies or dietary restrictions:

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Additional comments & activity restrictions:

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If the participant answered “yes” to any question in Part C, a physical exam is required in order to complete this document. If so, please record the date of the exam below and blood pressure:

Blood Pressure \_\_\_\_\_

If the participant answered “no” to ALL questions in Part C, has the participant had a physical health examination within the past 24 months? (Circle) YES NO (If “No,” a physical exam is recommended at this time, though not required.)

Date of most recent Health Exam (today's date if receiving exam): \_\_\_\_\_

I have reviewed the participant's health information as listed in Part C of this form, and I have performed a physical exam of the participant if required as described above. In my medical opinion, I find him/her to be in suitable condition for participation in an active camp program that may include high-intensity activities, except for those restrictions I have noted above.

Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

Practitioner Name \_\_\_\_\_  
(Print)

Office or Business Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

### **Release of Liability Form**

For and in consideration of the services of AdventureServe Ministries (sometimes referred to in this document as ASM) the undersigned, for themselves and on behalf of a minor for whom they may sign, acknowledge and agree as follows:

#### **AGREEMENTS OF RELEASE AND INDEMNITY**

I, a participant or the Parent of a minor participant (on behalf of that minor, for myself, my executors, administrators, heirs and assigns) hereby voluntarily agree to forever **release, relieve, surrender, waive, discharge, hold harmless, defend, indemnify, and covenant not to sue** ASM and its owners, agents, volunteers, officers, and employees (collectively referred to as "Released Parties") from any and all liability, claims, actions or losses of any kind or nature, foreseen or unforeseen, known or unknown, whether for personal injury, property damage, wrongful death, loss of services or otherwise, arising out of my, or my child's, enrollment or participation in a ASM missions or wilderness adventure experience, including transportation to and from any such activities, or use of ASM's equipment. **I specifically understand that I am releasing, discharging and waiving, among others, any claims or actions that I or the minor may have, or acquire, for the negligent acts or other conduct of Released Parties.** This release shall be binding to the fullest extent permitted by law. If any part of the release is deemed to be unenforceable, the remaining terms nevertheless shall be enforceable.

#### **ACKNOWLEDGMENT AND ASSUMPTION OF RISKS**

ASM missions and wilderness adventure experiences include a number of activities, including but not limited to camping, hiking, caving, backpacking, rock-climbing, rappelling, white water rafting, swimming, construction repairs, service activities, and other activities specific to a particular program experience. These activities may be physically demanding and I am aware that it may involve hazardous activities and risk of serious personal injury or death. Injuries could include but are not limited to cuts, abrasions, sprains, strains, weather hazards, burns, extreme temperatures, and equipment failure. I, on behalf of myself or my child, am participating voluntarily in these activities with the knowledge and appreciation of the dangers involved and I, on behalf of myself or my child, voluntarily agree to accept and assume all risks of personal injury, death, or any other damages or losses to my person or property. In the event that any claim arising out of or related to personal injury, death, or damage shall be filed against any Released Parties, I shall indemnify and hold harmless Released Parties from and against any and all such claims, including Attorney's fees, incurred in defense of such claims.

#### **OTHER PROVISIONS**

ASM reserves the right to refuse participation to any person it judges to be incapable of meeting the rigors and requirements of participating in its activities. I therefore represent that the medical and health information I have provided on this form is true and accurate to the best of my knowledge. I accept full responsibility for any omissions and potential consequences regarding my failure to disclose any existing or past health condition. I am, or the minor child is, in good physical condition and therefore fully capable of participating in and able to undertake all of the activities involved in an ASM experience. I, or the minor, do/does not have any medical condition that would prevent my, or his/her, participation in any activities except for those restrictions listed in Sections (C, D, E) above.

I hereby give permission for any qualified guide or medical personnel to render or obtain routine health care and/or necessary emergency medical care, and dispense medications for myself, or for the minor participant. I give said personnel the permission to make such medical decisions as they deem proper and to exchange medical information with third party medical care givers. I understand that, if the participant is a minor, the parents will be contacted by the Youth Leader in cases when emergency medical services or professional medical care are needed. I, on behalf of myself or the minor, understand that ASM will secure primary accident insurance and primary sudden illness insurance. I, for myself and on behalf of the minor, understand that I assume full financial responsibility for any medical treatment rendered for myself, or for the minor, outside of these policy limits or for pre-existing conditions not covered by said policies. I therefore represent that I have, or the minor has, adequate health, disability and life insurance, or I have made adequate alternate arrangements for myself, or for the minor, to cover any such expenses.

I, on behalf of myself and the minor participant, agree that alcohol and illegal drugs will not be used while undertaking any activity with ASM. I also assume full financial responsibility for any physical damage to persons or property caused by myself, or the minor child.

I hereby give ASM and its representatives and agents absolute permission to use photographs, videotapes and other images, quotations from comment/evaluation forms and voice reproductions of me, or the minor, for any purpose and media, and waive any proprietary, personal or other right to inspect and pre-approve such use.

I agree that, should there be an issue or dispute as to the validity of any release that I have signed, this document shall supersede any other document that I have read or signed about my legal rights concerning ASM. I also understand that the terms of this agreement shall continue to be in effect even after the trip has ended.

**I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND ALL THE TERMS OF THIS AGREEMENT. I AM VOLUNTARILY EXECUTING THE AGREEMENT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE ON BEHALF OF MYSELF, MY CHILD OR WARD AND MY/MY CHILD'S ASSIGNEES, HEIRS, NEXT OF KIN, EXECUTORS, AND PERSONAL REPRESENTATIVES. I AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS THAT I, OR THE MINOR, OTHERWISE MAY HAVE. NO ORAL REPRESENTATIONS STATEMENTS OR INDUCEMENTS APART FROM THOSE CONTAINED IN THIS AGREEMENT HAVE BEEN MADE.**

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Participant Signature

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Parent/Guardian Signature (If participant is a minor)

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Printed Name of Participant

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Printed Name of Parent/Guardian

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Date

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Date