



outdoor programs  
University Recreation  
Appalachian State University

# ASU Outdoor Programs Medical Form

<b>Today's Date:</b>
_____

**Outing Date & Title:** \_\_\_\_\_

PARTICIPANT CONTACT INFORMATION			
LAST NAME		FIRST NAME	
HOME PHONE #	CELL PHONE #		ASU EMAIL
HOME ADDRESS			
BIRTH DATE	HEIGHT	WEIGHT	
NAME OF PERSON TO CONTACT IN CASE OF AN EMERGENCY			
EMERGENCY CONTACT PHONE #			

HEALTH STATEMENT (PLEASE ANSWER ALL QUESTIONS)	
<p>This outing involves participation in outdoor activities, which are, by their nature, physically demanding. Therefore, all participants must indicate any medical or physical conditions that might create special considerations for themselves and others. Furthermore, medical care may be many hours away in case of an emergency. Physical strength is not required; although being in good condition will increase your enjoyment of the outing activities. If there is any doubt about your ability to safely participate in the outing activities, you should consult your physician and then notify Outdoor Programs as to advice and recommendations.</p>	
<p>What physical conditions or restrictions do you have which may limit your participation in this activity?</p>	
<p>Are you taking any medications? If so, what type?</p>	
<p>Do you have any allergies/reactions to the following?    <input type="checkbox"/> Yes (Please indicate below)    <input type="checkbox"/> No</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Dust                      <input type="checkbox"/> Other Medication                      <input type="checkbox"/> Food: See "Food Information" on page 2  <input type="checkbox"/> Penicillin                      <input type="checkbox"/> Insects (bees, etc.)                      <input type="checkbox"/> Others: _____ </p>	
<p>Please describe any additional allergies/reactions to medications that we should know about:</p>	
<p>Swimming Ability: (Please check one.)    <input type="checkbox"/> Good Swimmer    <input type="checkbox"/> Can Swim    <input type="checkbox"/> Non-Swimmer</p>	
<p>I understand the nature of the physical demands of this activity. I have noted about any medical or physical conditions I have which might affect my participation. I therefore release any and all claims for damages against Appalachian State University, and all individuals instructing and conducting these activities, for any and all injuries, loss or damage suffered by me during, or in any way connected with these activities.</p>	
PARTICIPANT SIGNATURE	DATE:
PARENT OR GUARDIAN SIGNATURE IF PARTICIPANT IS UNDER 18	DATE:

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*This medical form is confidential and is used only by Outdoor Programs staff for screening purposes in an attempt to make your experiences as safe and enjoyable as possible.*

PARTICIPANT FOOD INFORMATION	
DIETARY RESTRICTIONS	FOOD ALLERGIES (PLEASE LIST)
<input type="checkbox"/> VEGETARIAN (eggs & cheese okay!)	
<input type="checkbox"/> VEGAN (no animal products, thanks!)	
<input type="checkbox"/> OTHER INFORMATION:	

APPALACHIAN STATE UNIVERSITY  
UNIVERSITY RECREATION, OUTDOOR PROGRAMS  
AGREEMENT

*Read Carefully the Statements below and acknowledge your understanding by providing your signature (for participants less than 18 years your signature must be accompanied by a Legal parent/guardian).*

**As with all outdoor activities, there are uncontrollable factors associated with participation in First Ascent. All First Ascent Staff have been trained to assess and reduce risk, and hold appropriate medical certifications, but not all circumstances can be anticipated and/or avoided. Those enrolled in First Ascent should recognize the inherent risk of participating in outdoor activities and take responsibility for their own actions.**

I acknowledge receipt of Instruction about potential risks, including risk of property damage or loss, personal injury, and death, associated with the First Ascent Wilderness Orientation (Backpacking) activity sponsored by Appalachian State University as well as instruction regarding preventative measures which I can take to maximize safety while participating in this activity. I understand that I share in the responsibility for my safety during participation in the activity, and I knowingly and voluntarily assume that responsibility.

1. I will comply with all instructions and directions of Appalachian State University agents or employees during participation in this activity;
2. I understand the risk and danger to me and my property associated with my participation in this activity, and I do so voluntarily in reliance upon my own judgment and ability. I knowingly and voluntarily assume all risk of personal injury, death, and property damage or loss from any cause whatsoever, including, but not limited to, failure of anyone to enforce rules and regulations or inspect equipment or facilities, and negligence of other students or staff; and
3. I shall indemnify, defend, and save harmless Appalachian State University, its trustees, agents and employees from all liabilities, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorney fees, arising or claimed to have arisen out of personal injuries or death, or property damage or loss, sustained by me as a result of negligence on the part of Appalachian State University agents or employees or other participants, or by others as a result of my own negligence or intentional acts, during my participation in this activity(including travel to and from the activity site). I certify that I am medically sound and physically fit to participate in the activity described above. I further certify that no oral promise, agreement, warranty or representation concerning safety or liability has been made to me.
4. I understand that photos and/or video taken of me may be used for the purpose of promoting Appalachian State University and various programs of the institution in media that may include printed material, web and/or video. I agree to allow my image to be used for this purpose and that any likeness of me may be disseminated for public release by Appalachian State University.

**I HAVE READ AND UNDERSTAND THIS DOCUMENT, AND AGREE THAT IT WILL LEGALLY BIND ME AND MY ESTATE.**

PARTICIPANT PRINTED NAME

PARTICIPANT SIGNATURE

DATE:

PRINTED NAME OF PARENT/GUARDIAN (IF STUDENT IS LESS THAN 18 YEARS)

SIGNATURE OF PARENT/GUARDIAN

DATE: