

# Common Ground Health and Risk Form

This form will only be used for preventative care, guide and volunteer awareness and emergencies

**This form is strictly confidential**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: Day: (\_\_\_\_\_) \_\_\_\_\_ Eve: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address (please print clearly): \_\_\_\_\_

### Ethnic Origin

- Caucasian
- African American
- Native American
- Hispanic
- Asian
- Other

### Physical Description:

- Gender: \_\_\_\_\_
- Weight: \_\_\_\_\_
- Height: \_\_\_\_\_

### Adaptive Equipment Used:

- Wheelchair
- Prosthetic limb
- Seeing eye dog
- Walker/Cane
- Hearing Aid
- \_\_\_\_\_

### CONFIDENTIAL HEALTH INFORMATION- please answer thoroughly:

Check all boxes that describe your medical condition/disability:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Allergy to bee stings  | <input type="checkbox"/> Communicable diseases    | <input type="checkbox"/> Lung Disease              |
| <input type="checkbox"/> Amputation             | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Mental Illness            |
| <input type="checkbox"/> Autism                 | <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Multiple Sclerosis        |
| <input type="checkbox"/> Balance Problems       | <input type="checkbox"/> Down Syndrome            | <input type="checkbox"/> Muscular Dystrophy        |
| <input type="checkbox"/> Bipolar                | <input type="checkbox"/> Dysreflexia              | <input type="checkbox"/> Seizure Disorder/Epilepsy |
| <input type="checkbox"/> Bowel/Bladder problems | <input type="checkbox"/> Hearing Impairment/deaf  | <input type="checkbox"/> Spina Bifida              |
| <input type="checkbox"/> Cancer                 | <input type="checkbox"/> Heart Disease/Defect     | <input type="checkbox"/> Stroke                    |
| <input type="checkbox"/> Cerebral Palsy         | <input type="checkbox"/> Hemophilia               | <input type="checkbox"/> TBI/Head injury           |
| <input type="checkbox"/> Spinal Cord Injury     | <input type="checkbox"/> HIV/AIDS                 |  |
| <input type="checkbox"/> Chemical dependency    | <input type="checkbox"/> Low vision/blind         |  |

Please explain in detail any other medical conditions: \_\_\_\_\_

\_\_\_\_\_

Describe medications you are currently taking (attach separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

Describe any food allergies or dietary restrictions? \_\_\_\_\_

\_\_\_\_\_

### EMERGENCY INFORMATION:

Health insurance company: \_\_\_\_\_ Policy # \_\_\_\_\_

Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Relative or close friend: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Day (\_\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

### **MEDIA RELEASE FORM**

Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**(PLEASE PRINT CLEARLY)**

**MEDIA/PHOTO WAIVER:** I hereby authorize and give my full consent to Common Ground to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending an event. I further agree that Common Ground may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

**X** \_\_\_\_\_

**Signature of Participant/Guardian**

**Date**

## PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Common Ground Outdoor Adventures, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "CGOA"), I hereby agree to release, indemnify, and discharge CGOA, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in outdoor adventure based and other recreational activities including but not limited to: hiking, biking, camping, river trips, skiing, climbing walls, fishing, canoeing, rafting etc., entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** slips and falls; falling objects; the hazards of walking on uneven or rough terrain; collision with fixed or movable objects or people; accidents involving other bicycles or vehicles; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures; musculoskeletal injuries including head, neck, and back injuries; exhaustion; exposure to temperature and weather extremes which could cause: hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration, frostbite, frostnip; avalanches; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; rope burns; the use of climbing ropes and equipment; equipment failure and/or operator error; water hazards; whitewater; boat capsize; accidental drowning; exposure to cold water can result in cold shock, hypothermia and in extreme cases death; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; the negligence of other climbers, visitors, participants, or other persons who may be present; and improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity.

Furthermore, CGOA employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction or fail.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless CGOA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of CGOA's equipment or facilities, **including any such claims which allege negligent acts or omissions of CGOA.**

4. Should CGOA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against CGOA, I agree to do so solely in the state of Utah, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CGOA on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

### PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name)  
("Minor") being permitted by CGOA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless CGOA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_