



NAME OF SCHOOL/GROUP: \_\_\_\_\_

**Male**  **Female**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address: Street, PO Box, Apt. #, etc. \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Relationship to You \_\_\_\_\_

Mailing Address (if differs from above) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**Activity Level:** Are you capable of participating in physically strenuous activities? (*i.e.*, hike up hills, put weight on joints, carry equipment, etc.)

Yes

No, please explain:

**Medical & Behavioral Conditions:** Please include all conditions such as diabetes, epilepsy, heart conditions, asthma, etc. Also include treatments such as casts, pacemakers, etc. applicable at the time you will be at Eagle Bluff.

**Allergies & Intolerances:** Please list your allergies to medications, insects, food, and explain. **All life threatening allergies must be communicated to your group leader or directly to Eagle Bluff prior to an Eagle Bluff visit.**

**Medications:** List all **prescription** medications you are currently taking and explain:

**AUTHORIZATION & RELEASE SIGNATURE (please read statement on back of page):**

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

**SIGNATURE**

\_\_\_\_\_ **DATE**

**NOTE: Failure to sign this form will prohibit you from participating in all Eagle Bluff activities. All medical information is kept confidential and all medical forms are kept for a period of five years. You are invited to request more information about Eagle Bluff programs, facilities, and policies at any time.**

Eagle Bluff does not have permission to use photos of me in marketing materials.

I do not wish to receive information about Eagle Bluff.



## MEDICAL AUTHORIZATION AND RELEASE STATEMENT

### Agreement, Indemnification, and Assumption Of Risk

Our goal at Eagle Bluff is to provide safe learning experiences for all our participants. Our high ropes course, group challenge course, rock climbing wall, and all equipment are inspected regularly and are structurally sound. In addition, each participant receives safety instruction and an equipment check by a trained Eagle Bluff staff member. We adhere to the highest standards of safety and supervision in every class that we offer.

**By signing the front of this form, I agree to the following...**

I acknowledge that my participation in individual and group initiatives, problem solving exercises, and personal growth and development training activities entails known and unanticipated risks that could result in physical or emotional injury, or death 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.

**I also agree to comply with all Eagle Bluff rules and policies and to cooperate with Eagle Bluff personnel. I understand and agree that if I fail to comply with the rules and policies, I may be expelled from Eagle Bluff and sent home at my expense.**

I hereby wish to participate in Eagle Bluff activities and further agree to the terms herein contained. I agree to indemnify and hold harmless Eagle Bluff Environmental Learning Center, Inc. (hereinafter collectively referred to as EBELC) from any and all claims, demands, or causes of action which are brought by myself and/or on behalf of myself against EBELC, and which are in any way connected with such use or participation. In the event that I file a lawsuit against EBELC, I agree to do so solely in the state of Minnesota, 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.

I hereby represent that I am in good health, that I have identified all medical conditions associated with myself, and that I have adequately informed EBELC personnel of any special instructions regarding my participation. I certify that I have adequate insurance to cover any injury or damage that I may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I authorize EBELC personnel to call for medical care or to transport me to a medical facility or hospital if, in the opinion of such personnel, I need medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for my health, in their professional opinion. I agree that once I am in the care of medical personnel or a medical facility, EBELC shall have no further responsibility for the situation and I agree to pay all costs associated with such medical care and transportation.