

Agency/Group Name: _____ Trip Date: _____

Type of Trip: Sea Kayaking Cross-Country Skiing Whitewater Rafting

Environmental Traveling Companions Health Form

Name (please print) _____

Address _____ City _____ State _____ Zip _____

Contact Phone _____ E-Mail Address _____

Occupation _____ Employer _____

Birth Date _____ Age _____ Sex _____ Height _____ Weight _____

Parent/Guardian _____ Phone _____

Address _____ City _____ State _____ Zip _____

Your Medical Insurance Co. _____ Policy # _____

Emergency Contact Person _____ Relationship _____

Emergency Contact Day Phone _____ Emergency Contact Alternate Phone Number _____

Specific Disability (if any) _____

Medication:

Name of Medication	Dosage	Schedule	Reason for Medication

Dietary Restrictions _____

Please indicate if you currently have or previously had any of the following conditions. For any "YES" responses, please provide specific details on the right side of this section:

1. NO YES Any problems with vision or hearing? Do you require glasses, hearing aid?
2. NO YES Problems with teeth - use of dentures, bridge or braces?
3. NO YES Dizzy spells, fainting, convulsions, persistent headaches?
4. NO YES Asthma or respiratory problems?
5. NO YES Palpitation of the heart, irregular heartbeat, heart murmurs?
6. NO YES Jaundice or hepatitis?
7. NO YES Broken bones, joint dislocations, serious sprains?
8. NO YES Any severe injury to head, chest, or internal organs?
9. NO YES Allergies to any specific drugs, foods, insect bites, bees? Please list: _____
10. NO YES History of diabetes, thyroid trouble, heart disease?
11. NO YES Other significant medical or neurologic disorders?
12. NO YES Do you smoke?
13. NO YES Any special accommodations for toileting?

By checking this box, I agree that I have reviewed ETC's Essential Eligibility Criteria for Participation and feel that I meet these criteria.

I hereby acknowledge ETC to administer First Aid and/or emergency medical treatment and/or secure such medical services that may be necessary for myself or any minor on whose behalf I am signing. I realize that any emergency or medication that may become necessary are the sole responsibility of the participant.

By signing this release I agree that I have read it carefully, agree with its terms, and I sign it of my own free will.

Your Signature _____ Date _____

(Signature of participant or parent or guardian if participant is under 18)

Name (please print) _____

Please check here if you do not want your photo used in ETC publications or outreach.

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Environmental Traveling Companions, 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 "ETC"), I hereby agree to release, indemnify, and discharge ETC, 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 alpine and cross country skiing 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: hidden obstacles by snow including crevasses, ice and snow cornices, tree wells, tree stumps, creeks rocks and boulders, below the snow surface; loss or damage to equipment being used; being lost or separated from their guides or companions by traveling in forested areas, rugged terrain, or bad weather; exposure to altitude and cold including hypothermia, frostnip, frostbite, acute mountain sickness, and exhaustion; exposure to potentially dangerous wild animals; my own physical condition, and the physical exertion associated with this activity. Weather and altitude can be extreme and can change rapidly without warning. The areas may not have been traveled previously and are not regularly patrolled. Natural forces including steepness of slopes, snow depth, instability of snow pack or varying and difficult weather and snow conditions may cause avalanches. Communication in this mountain terrain is always difficult and in the event of an accident, rescue and medical treatment may not be immediately available.

Furthermore, ETC 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, other environmental conditions. They might misjudge whether the terrain is safe for travel or where or when an avalanche may occur. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

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 ETC 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 ETC's equipment or facilities, **including any such claims which allege negligent acts or omissions of ETC.**
4. Should ETC 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 ETC, I agree to do so solely in the state of California, 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 ETC 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 _____
Email 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 ETC to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless ETC 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: _____

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- Please check here if you **do not** want to be added to ETC's mailing list.
 Please check here if you do not want your photo used in ETC Publications or Outreach.