



ENVIRONMENTAL TRAVELING COMPANIONS HEALTH FORM

Agency / Group Name: _____ Trip Date: _____

Type of Trip: SEA KAYAKING ☐ WHITEWATER RAFTING ☐

Name (please print): _____ Pronouns: _____ Phone: _____

E-Mail Address: _____ Date of Birth: _____ Age: _____

Height: _____ Weight: _____ Your Medical Insurance Co & Policy #: _____

Parent/Guardian Name of Minor: _____ Contact/Phone: _____

Emergency Contact Person: _____ Phone: _____

PLEASE LIST ANY PARTICIPANT DISABILITIES OR ADAPTIVE REQUIREMENTS: _____

LIST ALL CURRENT MEDICATIONS:

Name of Medication	Dosage	Schedule	Reason for Medication

Please indicate if you have or have had any of the following conditions. Provide details for any 'YES' answers

1. Allergies to Specific Drugs, Foods or Bees? (Epi Pen Y/N?) _____ ☐ Yes ☐ No
2. Asthma or Respiratory Problems?(Inhaler Y/N?) _____ ☐ Yes ☐ No
3. History of High Blood Pressure, Chest Pain or Heart Attack? _____ ☐ Yes ☐ No
4. History of Heat or Cold Related Challenges? _____ ☐ Yes ☐ No
5. Bleeding Disorders (Do you Take Blood Thinners Y/N?) _____ ☐ Yes ☐ No
6. Diabetes (Do you use Insulin Y/N?) _____ ☐ Yes ☐ No
7. Neurological Disorders (Seizures Y/N?) _____ ☐ Yes ☐ No
8. Injuries or Surgery to Bones or Joints in the Last 12 Months? _____ ☐ Yes ☐ No
9. Dizzy Spells, Fainting, or Persistent Headaches? _____ ☐ Yes ☐ No
10. Difficulty with Hearing or Vision? _____ ☐ Yes ☐ No
11. Accommodations Required for Toileting? _____ ☐ Yes ☐ No
12. Are you Pregnant? _____ ☐ Yes ☐ No
13. Dietary Restrictions or Strong Food Preferences? _____ ☐ Yes ☐ No
14. Any Disease, Illness or History of Surgery not Already Mentioned? _____ ☐ Yes ☐ No
15. History of Mental Health Conditions (Anxiety, Depression, PTSD, ADHD, Eating Disorders, Psychotic Disorders, Substance Use, or Addiction) _____ ☐ Yes ☐ No

☐ **By checking this box, I agree that I have reviewed ETC's Essential Eligibility Criteria and feel that I meet these standards.**

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/guardian if participant is under 18)

Your Name (please print): _____

☐ Please check here if you **do not** want your photo used in ETC or California State Parks publications or outreach.

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Environmental Traveling Companions, their agents, owners, officers, volunteers, 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 Guided Overnight Hiking, Camping, Backpacking, River trips, Class 1-3 whitewater, ocean tours protected waters and Kayak tours 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: slipping and falling; accidental drowning; major injuries are a risk as are sprains, strains, scratches, bruises, abrasions, cuts, lacerations, broken bones, fractures, musculoskeletal injuries including head, neck, and back injuries; injuries to internal organs; loss of fingers or other appendages; whitewater rapids will be encountered; collision with fixed or moveable objects or other watercraft; being jolted, jarred and shaken about during rides; "washed" overboard resulting in having to swim rapids risking collision with rocks and entanglement in trees; damage to equipment or personal injury; exposure to temperature and weather extremes which could cause cold water shock, hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; exposure to sun, strong wind, cold, storms, large waves, eddies and whirlpools, and lightening; exposure to potentially dangerous wild animals, insect bites, aggressive and/or poisonous marine life and hazardous plant life; equipment failure; improper lifting or carrying; travel in remote areas with poor or no access to emergency and/or medical services; my own physical condition, and the physical exertion associated with this activity; transmissible pathogen or disease. Traveling to and from activity locations raises the possibility of any manner of transportation accidents.

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. Additionally, I agree to wear a U.S. Coast Guard approved personal flotation device (life jacket) while participating in this activity and wear a properly fitted and secured certified helmet while participating in this activity.
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 document shall remain in full force and effect.
7. The undersigned waives the protection afforded by any statute or law in jurisdiction whose purpose, substance, cause and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing this release. This means, in part, that the undersigned is releasing unknown future claims and specifically waives the provisions of California Civil Code Section 1542 which provides: A general release does not extend to claims that the creditor or releasing party does not know or suspect exist in his or her favor at the time of the executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.

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 also agree that this document is valid for subsequent visits and participation at ETC. 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.

Print Name _____ DOB _____ Phone Number _____

Address _____ City _____

State _____ Zip _____ Email _____

Signature of Participant _____ Date _____

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

In consideration of the following minor(s): (print name(s) and DOB(s)) _____

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(s), and which are in any way connected with such use or participation by minor(s).

Parent or Guardian: _____ Print Name: _____ Date: _____