AOM Adult Workshop

Vermont Wilderness School (802) 257-8570
PO Box 2585 www.VermontWildernessSchool.org
Brattleboro, VT 05303 office@VermontWildernessSchool.org

Release & Waivers: REQUIRED SIGNATURES

Medical Release:

The information provided on my Confidential Medical record and Participant Questionnaire is a complete and accurate statement of the physical and psychological factors which may affect my participation in a Vermont Wilderness School program. I realize that failure to disclose such information could result in serious harm to myself and/or fellow students. I agree to indemnify and hold Vermont Wilderness School harmless if all relevant information is not disclosed. I also agree to notify Vermont Wilderness School should there be any change in my health status prior to the start of my program or during the program.

Print Name_____

Signature_____ **Date** _____

I, _____ (print name), hereby give consent for emergency hospitalization if it becomes necessary as a result of participation in an Vermont Wilderness School program.

Signature_____Date_____

RELEASE, INDEMNIFICATION AND WAIVER FORM: (This is a release-please read it carefully)
I, the undersigned, hereby acknowledge that I have been advised and fully understand that certain elements of danger are inherent in the activities sponsored by the Vermont Wilderness School which are beyond the control of the instructors, agents, officers, students, and employees of the Vermont Wilderness School, and that participation in any program activities may entail unavoidable risk of personal injury, death, and loss or damage to property. The risks include, but are not limited to insect and animal bites and stings, forces of nature such as but not limited to lightning, and unexpected extreme weather conditions, and any hazard present in the wilderness, such as but not limited to low lying branches, sharp objects, and slippery surfaces.

I hereby assume all risks of injury and death to myself and loss of or damage to property arising out of my participation in such activity and I agree to indemnify, hold harmless Vermont Wilderness School, its officers, instructors, agents, and employees from and against all claims arising from any occurrence causing damage or injury to myself or to any party participating in said event or any third parties injured as a result of my actions. I further agree to repair or reimburse Vermont Wilderness School for any and all damages that I cause to Vermont Wilderness School property or the property at which a specific activity is held.

I have read and understand the terms and conditions of this Release, Indemnification. And Waiver and I agree to subscribe to them.

Participants' Signature: _____DATED:_____

Printed Name:_____

PHOTO RELEASE: By signing below I hereby grant free permission for the Vermont Wilderness School to use images of myself participating in their programs or events for outreach purposes, including but not limited to electronic or printed materials or media. Please consider granting this release to us if at all possible, as our ability to successfully share our program with new participants depends on having representative photographs.

Signature:_____Date:_____

NO, I do not wish to grant a photo release.

Signature:_____Date:_____

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Adult Confidential Medical Record

PART 1 General Information

PLEASE NOTE: Because of the ever-changing nature of medical and other requested information, we require that a new form be completed for each program you attend.

Date_____ Program_____

Name_____Age _____

Male ☐ Female ☐ Date of Birth _____Height_____Weight _____

Street Address _____

City _____ State _____ Zip_____

Phone (H)_____(W)_____

EMERGENCY CONTACT INFORMATION:

Name:_____ Relationship _____

Home Phone (_____)_____ Work/Other Phone (____)_____

OptionalAlternate contact: _____Relationship _____

Home Phone (_____)_____Work/OtherPhone (_____)_____

INSURANCE INFORMATION: Each person is responsible for medical expenses. Sickness and accident insurance is recommended but not required. Please indicate if you do NOT carry insurance.
Name of Health Insurance Carrier:_____
Policy Number_____Group Plan_____

Phone _____

Does insurance company require pre-authorization? ☐ NO ☐ YES phone ( )_____

Are you covered by any hospitalization care policy ? ☐ Yes ☐ No

Personal/Family Physician _____ Phone ( ) _____

PART 2 Medical Information

If you have any personal medical conditions or problems that Vermont Wilderness School should be aware of, it is your responsibility to acquaint us with the existing condition both in this form as well as at the registration for the program. The information will be held in confidence and used only to render proper assistance should the need arise. You should know that it is possible for participants with a variety of medical/ psychological difficulties to successfully complete our courses, but we must be aware of these conditions for our benefit. Failure to disclose such information could result in serious harm to you and your fellow students.

1. Do you wear: glasses or contact lenses?_____ Hearing aid?_____
2. Do you have asthma?_____If so, do you have medication?(specify)
3.Do you have a heart condition?_____If so, please describe your limitiation, medications (if any) and history:

4.Do you have any physical disabilities or limitations that could become a problem on this program? If so, please describe disability, limitation, and history:

5. Allergies/Intolerance to any insects, plants, foods, medications, etc. - List below. Please describe your reaction (if you know them) to any of the above.

6. List any medications that you take, condition prescribed for, and the doses and schedules for any such medications, and any known drug interactions. Do you experience any side effects?

7. Describe your current physical exercise activity. Include frequency, duration and intensity.

8. Answer “yes” or “no” below, for you

☐ Yes ☐ No a. Seizure within past year
☐ Yes ☐ No b. Family history of heart attack
☐ Yes ☐ No c. Hospitalization within past 2 years
☐ Yes ☐ No d. Emergency Department visit within past year
☐ Yes ☐ No e. Neck, back, shoulder, knee, ankle pain or injury
☐ Yes ☐ No f. Medical equipment needed
☐ Yes ☐ No g. Been stung by a yellowjacket, bee, or wasp
☐ Yes ☐ No h. Smoke, drink alcohol, illicit drug user, or other addictive habits.
☐ Yes ☐ No i. Other medical issues, illnesses or symptoms

Give details on any question for which you checked “yes”. Include symptoms and/or any restrictions.

9. If you check "yes" to any of the following questions, we strongly suggest that you consult with a health care professional to determine whether your health status is sufficient for you to participate in the program:

☐ Yes ☐ No a. High blood pressure (or currently being treated)
☐ Yes ☐ No b. Heart murmur
☐ Yes ☐ No c. Heart issues (Current or prior heart disease, irregular heart beat, history of heart attack)
☐ Yes ☐ No d. Chronic, on-going disease such as diabetes, seizure disorder, bleeding disorder
☐ Yes ☐ No e. Chest pain/pressure, heart palpitations, frequent unexplained or heart-related dizziness or fainting, sweats or weak spells.
☐ Yes ☐ No f. Age 45 or more with family history of heart attack and/or severely over weight

Describe in detail any of the above for which you checked "yes" (include additional sheets if necessary):

10. Any mental, emotional or psychological issues we should be aware of at this time ? All information is kept confidential and is meant to provide a supportive and safe atmosphere for all involved in the program.

11. Do you have any dietary restrictions? If so, what are they?

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REGISTRATION QUESTIONS

Dates:_____/_____/_____ ☐ I will be applying for a scholarship

Participant's Name_____ Date of Birth _____/_____/_____

Nickname_____ Gender ☐ Male ☐ Female Age on first day of program_____

Address_____

City_____ State_____ Zip _____

Home phone ( )_____ e mail_____

Billing Address (if different)_____

I am attending as a (mark one) ☐ 1st Time Participant ☐ Adult Ring 2

Previous Vermont Wilderness School or Affiliate schools/programs/camps attended:

These questions are designed to better accommodate your needs during this week.

- What is your "occupation"?
- Why are you interested in this program?
- How do you plan on using this course in your life? Job? Family? Friends? Students?
- What interests you most about nature? i.e. tracking, birds, plants, etc.?
- Do you have a secret spot; a place that you go to frequently and sit at? If so, what type of ecosystem is it?