

Adventuresports Institute®

Medical Information

Answers to the following must be complete.

Please print or type all information.

Course/Activity Title: _____ Date(s) of course/event: _____
Your Full Name: _____ E-Mail: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Sex Male Female Age: _____ Birth Date: ____/____/____ Occupation: _____
Home Phone: _____ Cell Phone: _____

The Adventuresports Institute® strongly recommends that you see your doctor, discuss the rigors of the trip with him/her, and receive a thorough physical.

Insurance: You are responsible for any medical expenses and should be covered by your own sickness and accident insurance. If you are covered by hospitalization and medical care insurance, please complete below.

Policy or Certificate Number _____ Group Number _____

Insurance Company Name _____

Address: _____

Pulse/Blood pressure: **(If you are over 40, or are overweight, or have had an inactive lifestyle, please have your blood pressure taken and recorded).**

Blood Pressure: ____/____ Pulse rate: _____ Date Taken: _____

CHP=Chronic health problems: (If you have any health problems which we should be aware of, please describe).

Neck, back, or shoulder pain or injury _____

Diabetes, seizures, or frequent or unexplained fainting or dizziness _____

CI=Chronic illnesses _____

M=Medications and prescriptions you are taking _____

A=Allergies _____

DR=Vegetarian or other Dietary Restrictions _____

PI=Previous injuries, illnesses, or other medical or emotional considerations or problems which might affect your participation on the trip _____

In case of emergency, please notify (Please Print)

Name _____ Relationship: parent legal guardian spouse daughter son

Address _____

Home Phone _____ Cell _____ Work _____

PLEASE READ

Consent is hereby given to attend an Adventuresports Institute® event and permission is given for emergency anesthesia, operation, hospitalization or other treatment which might become necessary. The information provided above is a complete and accurate statement of the physical factors which may affect my/my child's participation in an Adventuresports Institute® event. I realize that failure to disclose such information could result in harm to myself and my fellow participants, and I agree to indemnify and hold harmless the Adventuresports Institute®, Garrett College, and its assigns if all relevant information is not disclosed. I also agree to notify Adventuresports Institute® (301-387-3330) should there be a change in my health prior to the event. In addition, I give consent to use any photograph or video from activities that I am a part of in the program or auxiliary programs at Garrett College.

Participant/Employee Signature: _____ Date _____

Signature of parent or guardian if applicant is under age 18: _____