

Rock Springs Adult Health and Participation Form

Group: Catholic Youth Organization 2017

Date: 5/26/2017-5/30/2017

Attendee's Name: _____

Health

List below any physical condition the doctor, EMT, nurse, Rock Springs staff or group staff should be aware of. (Any information will be kept confidential.) Check conditions present and list any pertinent information.

insect stings diabetes heart condition ear infection
 fainting spells headaches allergies (explain) _____

allergic to any drugs (please list) _____

prescribed medicines presently taking _____

date of last tetanus immunization _____

other conditions _____

Participation

I understand the Rock Springs instructional staff is trained to provide the safest activities possible; however there is some inherent risk in Rock Springs outdoor activities. If injured during the course of these activities, I will not hold Rock Springs or the group staff responsible. I give permission to Rock Springs 4-H Center, the Kansas 4-H Foundation and the Kansas 4-H Extension program to use pictures taken of me while participating in activities at Rock Springs 4-H Center. I understand these photos may be used for the promotion of Rock Springs and cannot be sold or distributed to any other entity.

Attendee's Signature _____ Date _____

I specifically agree to hold Rock Springs 4-H Center harmless as to any claim for damages for any accident or injury of any kind resulting from my participation in Rock Springs activities including programs involving horses, and this "hold harmless guarantee" is specifically granted in consideration of the services provided by Rock Springs 4-H Center. I also give medical personnel permission to treat my injuries if I am unable to make the decision for myself.

Attendee's Signature _____ Date _____

Address _____

In case of an Emergency please notify: _____ Phone # _____