TRAILBLAZING HOPE
OUTDOORS

# PARTICIPANT CONSENT, RELEASE AND ASSUMPTION OF RISK

Trailblazing Hope Outdoors adventure programs involve a variety of activities. Some programs may include rigorous physical activities such as backpacking, paddling, climbing (outdoor & indoor), biking, whitewater rafting, swimming or hiking. These activities are designed to be within the physical, mental and emotional limits of a person in reasonably good health. The level of participation in all programs and activities is at all times completely up to the individual.

I acknowledge that my participation in backpacking, paddling, biking, whitewater rafting, swimming, hiking, climbing (outdoor & indoor), and/or individual and group activities of any kind entail known and unanticipated risks that could result in physical or emotional injury or death. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I expressly accept and assume all of the risks existing in any activity. My participation in any activity is voluntary, and I state that I elect or will elect to participate in spite of the risk.

In consideration for being allowed to participate in Trailblazing Hope Outdoors activities and trips, being fully aware of the nature of the risks and hazards of participation in Trailblazing Hope Outdoors activities including but not limited to the possibility of physical or emotional injury, death, or loss of or damage to personal property, I do knowingly and willingly release and hold harmless TRAILBLAZING HOPE, INC. and its officers, agents, sponsors, volunteers, and employees and all persons associated in any way with TRAILBLAZING HOPE, INC. from any claims, causes of action or liability for property damage and/or physical injury or death in connection with or during any Trailblazing Hope Outdoors activity. This release is made on behalf of myself and/or my minor child and my/his/her heirs, representatives, executors, administrators and assigns.

I further consent to the use of any photographs (motion or still) or any records of my likeness, or that of my minor child, which may be taken or made by Trailblazing Hope Outdoors representatives with the understanding that such photographs or recordings are for Trailblazing Hope Outdoors publicity or promotional purposes only and not for commercial distribution.

**By signing this document, I agree that if I or my minor child is hurt or property is damaged during participation in Trailblazing Hope Outdoors activities, I waive my right to bring or maintain a lawsuit or claim against Trailblazing Hope Outdoors. I also acknowledge that I have fully satisfied myself as to the nature of the activity or activities in which I or my minor child will be participating, the risks associated with each such activity and my responsibility to know my or my minor child's limits. I assume all these risks. In the event of illness or injury, I hereby give my consent to provide emergency medical care including hospitalization, anesthesia, surgery, injections of medication (including epinephrine) or other treatment that may become necessary.**

**I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.**

Participant Signature _____ Print Name _____
Address _____ City _____ State _____
Phone _____ Email_____ Date_____

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

I certify that I am the parent/legal guardian for _____ (print minor child's name) who desires to participate in Trailblazing Hope Outdoors, INC activities. **I affirm, under penalties for perjury, that I am my minor child's parent or legal guardian and I consent to my child's participation with Trailblazing Hope Outdoors activities and that I have read the above and understand its meaning and agree to be bound by its terms.**

Signature of Parent/Guardian _____ Print Name _____
Address _____ City _____ State _____
Phone _____ Email_____ Date _____

**Emergency Contact Information**
If above is not available in an emergency, contact:

Name_____ Relationship _____ Phone Number: _____

(rev.01/21)

# HEALTH QUESTIONAIRE

Participant Name: _____ Birth Date: _____

The information requested on this form is intended to help alert staff to pre-existing medical conditions. This information will be held in confidence. WE STRONGLY RECOMMEND THAT YOU CONSULT YOUR PHYSICIAN IF YOU HAVE ANY PRE-EXISTING CONDITIONS BEFORE PARTICIPATION IN A Trailblazing Hope Outdoors ADVENTURE.

**GENERAL & MEDICAL INFORMATION**

Health Insurance Company Name _____ Phone Number _____
Policy Holder Name _____ Policy or ID # _____
*(Please indicate NA if not insured-no insurance does not exclude from participation in a Trailblazing Hope Outdoors program)*

Height: _____ Weight: _____

Do you have any limiting physical or health disabilities, temporary or permanent, that you or your Doctor feel would limit your participation in a Trailblazing Hope Outdoors activity? ☐Yes ☐No
If yes, please explain _____
_____

Do you require any mobility, sensory or cognitive accommodations to participate in this program? ☐Yes ☐No
If yes, please explain _____
_____

Are you currently pregnant? ☐Yes ☐No

Are you currently taking any medications? ☐Yes ☐No
If yes, please list medication(s) and reason for taking the medication _____
_____

Are you allergic to any medications including over the counter medications? ☐Yes ☐No
If yes, please explain _____
_____

I give my permission to the staff of Trailblazing Hope Outdoors to administer over the counter medications, expect as noted above. *For minor children over the counter dosages will be determined by the age and size of the child as noted on the bottle, unless otherwise indicated by parent/guardian.* ☐Yes ☐No

Do you have or have you had a history of: (please check all that apply)

__ Asthma
__ Diabetes
__ Allergies (Food, Insects, Animals, Medication)
__ Blood Disorder
__ Infectious Disease
__ Heart Disease or History
__ Seizures
__ Food Intolerances
__ Ear Problems
__ Other _____
__ Eye Problems
__ Orthopedic Problems
__ Diagnosed ADD or ADHD

Please explain health problem checked above:

| PROBLEM | WHAT WE WILL SEE | TREATMENT | LIMITATIONS |
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I HEREBY AUTHORIZE THAT THE INFORMATION PROVIDED WITHIN THIS HEALTH FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Participant/Guardian Signature: _____ Date: _____

(01/21)