

CALVIN UNIVERSITY

Trip Name: _____

PERSONAL and EMERGENCY CONTACT INFORMATION

Full Name: _____ Email: _____

Telephone: () _____ Birthdate: _____ Age: _____

Height: _____ Weight: _____

Unique Identifiers (tattoo, birthmark, etc.): _____

Calvin Address: _____ City: _____ State: _____ Zip: _____

Home Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY CONTACT and HEALTH INSURANCE INFORMATION

Contact Name: _____ Emergency Phone: () _____

Relation to Student: _____ Email: _____

Primary Care Physician: _____ Primary Care Telephone: () _____

Health Insurance Co: _____ Policy #: _____

Group #: _____ Policyholder Name: _____

I understand Calvin University does not provide primary medical/health insurance for Program participants. I authorize Calvin University or its designated person to secure medical attention for me if any such person deems necessary if I am not available to make a decision regarding such medical attention. This consent shall not impose any obligation to provide such medical attention and it is understood that such persons might not be trained medical personnel. I hereby authorize the local emergency health care system to provide any necessary care.

Participant Signature: _____

Date: _____

Participant's Name: _____

Trip Name: _____

CALVIN UNIVERSITY

Personal Health and Medical History

Following information is requested so team can better meet the physical, intellectual, and emotional needs. Medical information will remain confidential and will not be released except all lowed by law.

<u>First Name</u>	<u>Last Name</u>	<u>M.I.</u>	<u>DOB</u>
<u>Street Address</u>	<u>City, State, ZIP</u>	<u>Phone</u>	

GENERAL HEALTH

Identify pertinent medical history including current, recent or historical injuries, illnesses or medical procedures:

Past or current health conditions impacting your ability to perform daily tasks, mileage, or moderate-high intensity physical activities:

PHYSICAL FITNESS

Do you exercise at least 2 to 3 times a week? Yes No

Activity	Frequency	Distance / Duration	Intensity

MENTAL HEALTH (If uncomfortable providing details in writing for this section, please advise/discuss in person with your leader)

Currently in the care of a therapist or mental health specialist? Yes No

Provide any, all mental health information about which you want to share or make us aware:

MEDICATION and PRESCRIPTIONS

In the past six (6) months, are you currently taking- or have you taken medication and/or prescription medication? Yes No

Medication Name	Dosage	Frequency	Intensity

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Personal Health and Medical History

Following information is requested so team can better meet the physical, intellectual, and emotional needs. Medical information will remain confidential and will not be released except all lowed by law.

CURRENT or PAST ILLNESS, INJURY OR CONCERN	YES	NO		YES	NO
Altitude Sickness			Hepatitis or Liver Disorder		
Back or Neck Pain			Hernia		
Blood or Bleeding Disorder			High or Low Blood Pressure		
Broken Bones			Hypertension		
Common Athletic Injuries (sprain, strain, etc)			Kidney Condition		
Diabetes (Type I or II)			Menstrual Concerns		
Dizziness / Fainting			Muscle / Skeletal Injuries		
Gastrointestinal / Digestive			Neurological		
Head Injury / Traumatic Brain Injury			Respiratory		
Hearing Impairment			Seizures		
Heart Condition			Skin Issues (fair/sensitive, eczema, dry, hives, etc)		
Heat Illness or Frostbite			Vision Impairment (including use of glasses or contacts)		

Other (i.e. future medical procedures, sleep disorders, etc):

If "Yes" to any of the above, please provide further explanation including treatment, additional needs/accommodations, etc.:

ALLERGIES, INTOLLERANCE or REACTIONS

Allergy Type	Describe Reaction / Bodily Response	Treatment	Prevention

DIETARY NEEDS

Will you be providing your own food? Yes No

List and describe special dietary needs:

MEDICAL EMERGENCY CARE AUTHORIZATION:

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PERSONAL HEALTH INSURANCE:

I understand Calvin University does not provide medical insurance for program participants. I hereby confirm I am covered by a separate health insurance policy.

I certify that this information is true to the best of my knowledge.

Signature

Date

CALVIN UNIVERSITY

ASSUMPTION OF RISK RELEASE and WAIVER OF LIABILITY

I hereby release, waive, discharge and covenant not to sue Calvin University, its affiliates, officers, directors, employees, shareholders, members, representatives, attorneys, successors and assigns, or other participants (collectively, "Releasees") from all liability to me, my heirs, executors, representatives, successors and assigns for any and all loss or damage, and any claim or demands thereof on account of injury to the person or property of, or resulting in death of me while I attend Calvin University's Wilderness Trip ("Program") and any activities incidental thereto and whether caused by the negligence of the Releasees or otherwise.

I hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or cost of any and all kind they may incur due to my participation in the Program and any activities incidental thereto, whether caused by the negligence of the Releasees or otherwise.

I acknowledge, understand, and assume all risks and any activities incidental thereto which can result in great bodily harm or death, disability, paralysis, and/or other damage even under well-controlled circumstances. I have full knowledge of these risks despite the existence of rules, regulations, equipment and discipline. I accept all of these risks and any risks or dangers not known or which are not reasonably foreseeable, and I will not hold responsible Releasees for injuries or damages resulting from my participation in these activities, wherever or however they occur.

I expressly agree that this Release is intended to be as broad and inclusive as is permitted by the law of the State of Michigan and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect. By signing this Release, I acknowledge that this Release has been freely and voluntarily made after careful review of all of the terms and provisions of this Release and agree that this Release shall not be subject to recession or nullification at any time hereafter. I further agree that no oral representations, statements and inducements apart from this Release have been made regarding liability.

Participant Signature: _____

Date: _____

Participant's Name: _____

Trip Name: _____

PHOTOGRAPH and LIKENESS RELEASE

I hereby permit and authorize Calvin University and its employees, agents, and personnel to use in perpetuity my photograph or other likeness for any purpose, including publicity, marketing, and promotional purposes. I understand such photograph or likeness may be copied and distributed by means of various media, including video presentations, television, mailers, billboards or signs, brochures, placement on websites, or newspapers. I understand that, although Calvin University will endeavor to use any such photograph or likeness in accordance with standards of good judgment, Calvin University cannot warranty or guarantee that any further dissemination of such photograph or likeness will be subject to Calvin University supervision or control.

Yes, I release Calvin University from any and all liability related to usage or dissemination of my photograph or likeness

No, I do not permit nor authorize Calvin University to use or disseminate my photograph or likeness