



2009 DISCOVERY OUTFITTERS RELEASE AND HEALTH FORM

PO Box 1264, Canby, OR 97013
503-266-5176
www.discoveryoutfitters.com

Participant's Name \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Participant's Address \_\_\_\_\_ CITY, STATE, ZIP CODE \_\_\_\_\_

Emergency Contact Information -

1st Contact \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Home Phone (\_\_\_\_) \_\_\_\_\_ Daytime/Cell Phone (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_
2nd Contact \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Home Phone (\_\_\_\_) \_\_\_\_\_ Daytime/Cell Phone (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_
3rd Contact \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Home Phone (\_\_\_\_) \_\_\_\_\_ Daytime/Cell Phone (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Health History -

Allergies (list all known) - Describe reaction and management of the reaction

Medication Allergies -

Food Allergies -

Other Allergies - include insect stings, hay fever, asthma, etc.

Medications being taken - please list all medications, including over-the-counter or nonprescription drugs, taken routinely. Bring enough medication to last the entire time of the trip. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the brand of the medication, the dosage and the frequency of administration. Attach additional pages as necessary. I give permission to Canby Grove (doing business as Discovery Outfitters) to have the ability hold and make the participant's medication available at the proper time.

Participant takes no medications on a routine basis.
Participant takes the following medications -

Med #1 \_\_\_\_\_ Reason for taking \_\_\_\_\_ Time & Dosage \_\_\_\_\_
Med #2 \_\_\_\_\_ Reason for taking \_\_\_\_\_ Time & Dosage \_\_\_\_\_

Restrictions - are there any restriction of activity due to disability or medical reasons? No Yes, please explain \_\_\_\_\_

Participant is subject to any of the following - \_\_ADD/ADHD \_\_Swimmers Ear \_\_Sunburn \_\_Upset Stomach \_\_Diabetes \_\_Homesickness
Other \_\_\_\_\_

Has/does the participant have a history of and/or receive(d) treatment for any of the following conditions?

- Any recent injury, illness, or infectious disease \_\_Yes \_\_No
Back or neck problems \_\_Yes \_\_No
Severe abdominal or menstrual cramps \_\_Yes \_\_No
Diabetes or Hyperglycemia \_\_Yes \_\_No
Epilepsy, convulsions, seizures \_\_Yes \_\_No
Chronic or recurring illness/condition \_\_Yes \_\_No
Current communicable diseases \_\_Yes \_\_No
Presently under care of physician \_\_Yes \_\_No
Dizziness, fainting, unconsciousness \_\_Yes \_\_No
Heart disease or history of heart trouble \_\_Yes \_\_No
Low or high blood pressure \_\_Yes \_\_No
Recent sprains, fractures, dislocations \_\_Yes \_\_No
Joint problems (knee, ankle, etc) \_\_Yes \_\_No
Emotional impairment/disability \_\_Yes \_\_No
Asthma (carry an inhaler?) \_\_Yes \_\_No
Other \_\_\_\_\_

Immunizations - are all immunizations up to date? Yes No, please specify \_\_\_\_\_
Date of last tetanus booster? \_\_\_\_\_ If unsure, was it within last 5 years? Yes No



**Insurance Information -**

Health Insurance Carrier \_\_\_\_\_ Policy number \_\_\_\_\_  
 Policyholder \_\_\_\_\_  
 Family Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Family Dentist/Orthodontist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Participation Agreement -**

**Activities may include whitewater rafting, rock climbing, mountain biking, hiking/backpacking, snow camping, snowshoeing/cross-country skiing, and/or other related activities including transportation.**

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant’s parents or guardians, if Participant is a minor) and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the adventure activity(s), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as any medical treatment rendered to the Participant that is authorized by Canby Grove (doing business as Discovery Outfitters) or its agents, employees, volunteers or any other representatives of Canby Grove (doing business as Discovery Outfitters). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend and hold harmless Canby Grove for any injury arising directly or indirectly out of the adventure activity(s) or transportation to and from the activity, whether such injury arises out of the negligence of Canby Grove (doing business as Discovery Outfitters), the Participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and Canby Grove (doing business as Discovery Outfitters) cannot agree upon such a process, the dispute will be submitted to a three member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

**Publicity Release -**

I give permission and consent to allow photographs, video tapes and quotes to be taken for publishing and used to illustrate and advertise Canby Grove and Canby Grove (doing business as Discovery Outfitters).

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family including minor children.

**Signature of Participant or (Parent/Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant (Parent/Guardian Name) Print:** \_\_\_\_\_ **Date:** \_\_\_\_\_