

Medical History Form
Bradford Woods
Indiana University's Outdoor Center

Program Name: _____ Program Dates: _____

Please fill out this form thoroughly. We will use the information provided to plan a safe and enjoyable experience. This also serves as a helpful reminder to you of physical precautions and care you may need to take because of previous injuries and other physical conditions you may have. Any information disclosed on this form will remain confidential.

Participant Information

Name _____ Male Female

Street Address _____

City _____ State _____ Zip _____ Date of Birth ____/____/____

Phone Number (day) _____ (evening) _____

Person to notify in case of an emergency

Name _____ Relationship to participant _____

Address _____ Phone _____

Name of Physician _____ Phone _____

Address _____

Insurance Company _____ Policy Number _____

Medical Information

Blood Type _____ Height _____ Weight _____ Allergies _____

Describe allergic reaction _____

Special Dietary needs _____

Current medications (name & dosage) _____

Please list any special conditions you are aware of or have been told by a physician that we should be aware of (i.e., injuries, past surgeries, arthritis, asthma, heart disease, high blood pressure, pregnancy, etc.) _____

I hereby agree that the information provided above is true to my knowledge.

Participant Signature (Legal guardian's signature if participant is under 18)

Date

Waiver Form
Acknowledgement, Assumption of Risks, and Release of Claims
Bradford Woods

Program Name: _____ Date/s: _____

<p>The safety and well-being of each participant is of paramount importance to Bradford Woods and the professional staff, employees, and trustees of Indiana University. All reasonable care and precautions are taken to ensure a fun educational experience. The following “acknowledgment and assumption of risk and release of claims” is both a requirement of insurance coverage and an important reminder to you as a parent / guardian or participant to be sure that you or your child is properly prepared.</p>
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I, or my child _____, desire to participate in the course specified above. I understand the above mentioned program offered through Bradford Woods will take place in a wilderness environment and may include, but not limited to, the following potential hazardous activities: adventure/challenge activities, including new games, field initiatives, individual and group challenge activities, hiking, camping, caving, canoeing, other water based activities, low, intermediate, and high ropes courses, fishing, archery, backpacking, caving, arts and crafts, other recreations, environmental nature studies, transportation to and from activity sites and all other activities.. **The inherent risks of these activities include the following: personal injury, property damage, illness, or death.**

I understand that Bradford Woods does not require that I participate in the above-mentioned course.

In recognition of the potentially hazardous nature of the elective course, I, or my child, my heirs and assigns, hereby release Bradford Woods and the professional staff, employees, the trustees of Indiana University, and its agents from all claims of negligence arising from participation in the course. I further agree to hold harmless and indemnify Bradford Woods and the professional staff, employees, the trustees of Indiana University, and its agents for all defense costs, including attorney fees, and any other costs resulting in connection with my participation in this activity.

I understand that this release relates to all claims and liability during and after the trip resulting from a pre-existing medical condition. I have read and completed fully the medical form provided by Bradford Woods and accept full responsibility for omissions or errors on the medical form.

I also understand that this release relates to all claims and liability resulting from unforeseen or intemperate weather. I have read the clothing list provided by Bradford Woods and accept full responsibility for inadequate clothing provided by me; or those items which I fail to provide.

I have read this entire “acknowledgement and assumption of risk and release of claims” and fully understand the contents. My signature indicates that I have satisfied my questions and concerns regarding the above-mentioned program by talking with a representative of Bradford Woods.

PARTICIPANT SIGNATURE: _____ DATE: _____
(This document will serve as an Acknowledgement of Risk if the participant is under 18 years of age)

LEGAL GUARDIAN SIGNATURE: _____ DATE: _____
(Parent or legal guardian must sign if participant is under 18 years of age)

Medical Services Permission

Indiana University, through its Bradford Woods programs (hereinafter referred to as University), manages and conducts programs consisting of outdoor education modules and adventure/challenge activities, including new games, field initiatives, individual and group challenge activities, hiking, camping, caving, canoeing, other water based activities, low, intermediate, and high ropes courses, fishing, archery, backpacking, caving, arts and crafts, other recreations, environmental nature studies, transportation to and from activity sites and all other activities. These activities are supervised by University staff, interns, and school personnel.

Although novice skills will be taught and supervised by competent and experienced adult leaders, there is some degree of risk involved in the various activities and the ultimate safety of each participant will depend on the participants willingness to listen and to abide by the instructions, rules, and regulations given throughout the program.

During the participation of _____ in Bradford Woods program, the Trustees of Indiana University, its agents, servants, and employees are hereby authorized to provide and secure any medical services, and authorize the diagnosis and treatment (including, but not limited to, surgery and the administering of anesthesia) of any injury or illness as in its judgment is necessary or advisable for the individual.

I declare that I have read and understand the contents of this MEDICAL SERVICES PERMISSION, and I am signing this as my free and voluntary act, irrevocably binding myself and my heirs.

Participant Signature (Legal guardian's signature if participant is under 18)

Date

Photographic Release

Indiana University, through its Bradford Woods programs (hereinafter referred to as University), manages and conducts programs consisting of outdoor education modules and adventure/challenge activities, including new games, field initiatives, individual and group challenge activities, hiking, camping, caving, canoeing, other water based activities, low, intermediate, and high ropes courses, fishing, archery, backpacking, caving, arts and crafts, other recreations, environmental nature studies, transportation to and from activity sites and all other activities. These activities are supervised by University staff, interns, and school personnel.

I hereby grant the University permission to take photographs, video recordings, and/or sound recordings of _____. I grant the university permission to use the negatives, prints, motion pictures, video tapings, or any other reproduction of the same for educational and promotional purposes in manuals, on flyers, on the World Wide Web, or in any other manner deemed necessary.

I declare that I have read and understand the contents of this PHOTOGRAPHIC RELEASE, and I am signing this as my free and voluntary act, irrevocably binding myself and my heirs.

Participant Signature (Legal guardian's signature if participant is under 18)

Date