

RELEASE, INDEMNIFICATION, AND WAIVER FORM
THIS IS A LEGAL RELEASE -- PLEASE READ IT CAREFULLY

I, the undersigned, hereby acknowledge that I have been advised and fully understand that certain elements of danger are inherent in the activities sponsored by Quiet Heart Wilderness School, which are beyond the control of the instructors, agents, officers, students and employees of Quiet Heart Wilderness School, and that participation in any program activities may entail unavoidable risk of personal injury, death, and loss of or damage to property. These risks include, but are not limited to, insect and animal bites and stings, forces of nature such as but not limited to lightning, and unexpected extreme weather conditions, and any hazard present in the wilderness, such as but not limited to low lying branches, sticks, sharp objects, and slippery surfaces.

I hereby assume all risks of injury and death to myself (or my child) and loss of or damage to property arising out of my (or my child's) participation in such activity and I agree to indemnify, hold harmless Quiet Heart Wilderness School, its instructors, agents, officers, and employees from and against all claims arising from any occurrence causing damage or injury to myself (or my child) or to any party participating in said event or any third party injured as a result of my (or my child's) actions. I further agree to repair or reimburse Quiet Heart Wilderness School for any and all damages that I (or my child) cause Quiet Heart Wilderness School property or the property at which a specific activity is held.

Provided parents or emergency contacts cannot be reached within reasonable time, I hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examination or treatment on child's condition. I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

I have read the foregoing and understand the terms and conditions of this Release, Indemnification and Waiver and I agree to subscribe to them.

Participant's Name: _____ Date of Birth: _____
(please print)

Parent/Guardian Name: _____
(please print)

Parent/Guardian Signature

Executed at _____, Washington, this ____ day of _____, 20__.

Student Profile

Briefly describe students outdoor experience.

Please share any concerns, fears or other issues (physical or emotional) we should be aware of regarding this student.

Any other information you feel will make this a happy and successful experience.

MEDICAL INFORMATION FORM

Dated: _____

Student's Name: _____ Male ___ Female ___

AGE: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Other Phone: _____

Cell: _____ Parent/Guardian

Name: _____

Address (if different from above): _____

E mail address _____ Home

Phone: _____

Business Phone _____ Cell/Beeper #s. _____

Please provide two Emergency Contacts Other than Parent(s):

Name: _____ Phones: _____

Address: _____

Name: _____ Phones: _____

Address: _____

Name of any person/persons (other than a student's parent) that has your permission to transport your child: _____

If there are any personal medical conditions or problems a student may have, Quiet Heart Wilderness School should be made aware of any condition. It is the responsibility of the individual (or parent when a minor child is the student) to acquaint Quiet Heart Wilderness School with the existing condition. The information will be held in confidence and used only to render assistance should the need arise.

1. Does student wear a) contact lenses? _____ or b) hearing aid? _____
2. Does student have asthma? _____
3. Does student have any heart conditions or cardiac related health problems? _____
If yes, please describe: _____
4. Does student have low or high blood pressure? _____
5. Does student have any physical disabilities or limitations? _____
Please be specific. _____
6. Is student currently on any medication? _____ If so, please indicate specific medication and medical condition: _____
7. Is student allergic to any of the following (please identify):

Medications: _____ Insect _____ Plants: _____
Bites: _____ Foods: _____
Other: _____

8. Does your child carry an Epipen? _____ If yes, where is it kept? _____
9. Is there any other condition we should be aware of that may endanger, alter or somehow limit student's ability to participate in Quiet Heart Wilderness School programs? _____

HEALTH INSURANCE INFORMATION

Name of Health Insurance
Carrier: _____ Group/Plan No. _____

Phone: _____ Family Physician: _____
booster: _____ Date of Last tetanus _____

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