



Adult Medical and Release Form

First and Last Name: _____
Gender (circle one): Male Female Date of Birth: _____ Age: _____
Street Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Phone: (H) _____ Cell: _____ Work: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____
Home Phone: _____ Work/Other Phone: _____
Out-of-State Emergency Contact: (Name and Phone) _____

INSURANCE INFORMATION (if you do not carry health insurance, please note)

Name of Health Insurance Carrier: _____
Group/Plan Number: _____ Phone: _____
Personal/Family Physician: _____ Phone: _____
Date of last tetanus booster: _____

MEDICAL CONDITIONS

If you have any personal medical condition or problem that Earthroots Field School should be aware of, it is your responsibility to acquaint us with the existing condition both in this form as well as at registration for the program. The information will be held in confidence and used only to render proper assistance should the need arise.

1. Does you wear contact lenses/glasses? _____, or hearing aid? _____
2. Does you have asthma? _____. If so, do you have medication? (specify): _____
3. Does you have any physical disabilities or limitations that we need to be aware of on this program? If so, please describe the disability, limitation and history: _____
4. Are you currently on any medication? _____. If so, indicate the specific medication, condition prescribed for and any known negative drug interactions: _____
5. Do you have any special needs that we should be aware of that may affect your participation in the program (eg. Fears, Second language, ADD, Asbergers...)? Please explain. _____
6. Do you have any other condition that we should be aware of that may endanger, alter or somehow limit your ability to participate in our programs? Please describe in detail: _____
7. Are you allergic to any of the following? If so, please give specific allergen, specific reaction to each, degree of sensitivity
 - a) Medications (i.e. Penicillin, aspirin): _____
 - b) Insect bites (i.e. wasps, bees): _____
 - c) Foods (i.e. peanuts, chocolate): _____

Do you use medication for allergic reactions? If so, what do you use? _____

***Note: if you have anaphylactic allergic reactions we request that you bring EpiPen or AnaKit

8. For cooking classes: Are you Vegetarian? _____
Vegan? _____ Other special food needs? _____

PHOTO RELEASE: By signing at the bottom of this form I hereby grant free permission for Earthroots Field School to use images of me participating in their programs or events for outreach purposes, including but not limited to electronic or print materials or media.

[] No, I do not wish to grant a photo release. (Please consider granting this release to us if at all possible, as our ability to successfully share our programs with new participants depends on having representative photographs.)

RELEASE, INDEMNIFICATION AND WAIVER FORM: (This is a 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 Earthroots Field School which are beyond the control of the instructors, agents, officers, students and employees of Earthroots Field School, and that my 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 and farm, such as but not limited to low lying branches, sharp objects and slippery surfaces.

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

In the event that I require medical attention while participating in this program, I hereby grant permission to Earthroots Field School and it's representatives to provide for the rendering of such care, including diagnostic procedures, surgical and medical treatment, by authorized medical 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 examinations or treatment. I acknowledge that I am responsible for all reasonable expenses in connection with care and treatment rendered during this period.

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

Signature: _____ **Dated:** _____

Printed Name: _____

Please return to **Earthroots Field School PO Box 504 Trabuco Canyon, CA 92678**
www.earthrootsfieldschool.org

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