



Adult Medical and Release Form

Earthroots requires a current Medical and Release Form for each participant. Send an updated form if any info changes. Please print clearly (in blue or black ink) and sign the second page.

Mail completed form to: **Earthroots Field School • P.O. Box 504 • Trabuco Canyon, CA 92678**

Last Name: _____ First Name: _____ Gender (circle): Male Female
Date of Birth: ____/____/____ e-mail: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: Cell: _____ Home: _____ Work: _____

Emergency Contact Information

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

Medical Conditions (**CONFIDENTIAL**)

So that we can properly assist you, it is your responsibility to make Earthroots Field School aware of any medical conditions below and at registration. Please attach additional pages as needed.

Please check one

Do you:

- | | <u>No</u> | <u>Yes</u> | |
|---|--------------------------|--------------------------|--|
| • Wear contact lenses/glasses? | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Wear a hearing aid? | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> | If so, please specify medication: |
| • Have any physical disabilities or limitations that we need to be aware of? | <input type="checkbox"/> | <input type="checkbox"/> | If so, please describe: |
| • Take any medication currently? | <input type="checkbox"/> | <input type="checkbox"/> | If so, please specify medication, condition, and any known negative drug interactions: |
| • Have any special needs that may affect your participation in the program? (e.g., fears, second language, ADD, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | If so, please describe: |
| • Have any other condition that may endanger, alter, or somehow limit your ability to participate in the program? | <input type="checkbox"/> | <input type="checkbox"/> | If so, please describe in detail: |
| • Have an allergic reaction to: | | | If so, please specify the allergen, reaction, sensitivity: |
| ○ Medications? | <input type="checkbox"/> | <input type="checkbox"/> | |
| ○ Insect bites or stings? | <input type="checkbox"/> | <input type="checkbox"/> | |
| ○ Foods? | <input type="checkbox"/> | <input type="checkbox"/> | |
| ○ Plants? | <input type="checkbox"/> | <input type="checkbox"/> | |
| ○ Other? | <input type="checkbox"/> | <input type="checkbox"/> | |
| • Use medication for allergic reactions? | <input type="checkbox"/> | <input type="checkbox"/> | If so, please specify medication: |
| ** Note: if you have anaphylactic allergic reactions we request that you bring EpiPen or AnaKit ** | | | |
| • Have special dietary needs? (e.g., Vegetarian, Vegan, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | If so, please describe: |

Insurance Information (if you do not carry health insurance, please note)

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

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 participation by me 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 child's actions. I further agree to repair or reimburse Earthroots Field School for any and all damages that 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 its 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: _____ **Date:** _____

Printed Name: _____

www.earthrootsfieldschool.org

-----For Office Use Only-----

Program	Day	Session	Year
<input type="checkbox"/> AA	<input type="checkbox"/> Mon	<input type="checkbox"/> Fall	<input type="checkbox"/> 2010
<input type="checkbox"/> TG	<input type="checkbox"/> Tues	<input type="checkbox"/> Winter	<input type="checkbox"/> 2011
<input type="checkbox"/> Journey	<input type="checkbox"/> Wed	<input type="checkbox"/> Spring	
<input type="checkbox"/> NS Camp	<input type="checkbox"/> Thurs	<input type="checkbox"/> Summer	
<input type="checkbox"/> Family Campout	<input type="checkbox"/> Fri		
<input type="checkbox"/> Family Walkabout	<input type="checkbox"/> Sat		
<input type="checkbox"/> Other _____	<input type="checkbox"/> Sun		