

WESTERN CAROLINA UNIVERSITY

Base Camp Cullowhee

Medical Information Form

All participants must complete and sign the Assumption of Risk Agreement



Name: _____
Student ID Number: _____ Email address: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Age: _____ Sex: M / F (circle)
Insurance Provider: _____ Policy #: _____

Emergency Contact Name/Relationship: _____
Phone: (Home/Cell): _____ Phone: (Alternate): _____

Medications Currently Taking (prescription or over-the-counter): _____

Health History (describe condition/treatment where possible): _____

Allergies (insects, stings, drugs, etc.): _____

Conditions Requiring Regular Medication (diabetes, epilepsy, etc.): _____

Recent Injuries, Illnesses, Operations: _____

Other Physical Disabilities, Chronic or Physical Conditions: (heart or back problems, pregnant, high blood pressure, etc.): _____

Emotional, Mental or Behavioral Disorders (phobias, etc): _____

Authorization for Emergency Medical Care

I am aware of my past and present health and fitness in relationship to strenuous activity. Information about my all prescription drugs that I am currently taking is noted on this form. I will participate in all course activities except the following (as limited by myself and/ or my physician):

Should an accident or emergency occur that renders me unable to communicate, I hereby give permission to the physician selected by present course staff members to provide emergency medical care, and to hospitalize and/or secure proper treatment for me.

Signature: _____ Date: _____
(Parent/Guardian sign here if under 17 years old)

On occasion, WCU personnel takes promotional photos of groups. If you do NOT want your photo taken, please sign.

Signature: _____ Date: _____ (Parent/Guardian if under 17 years old)

Your participation in Base Camp Cullowhee program will be determined based on a review of this form by the facilitation team. Failure to submit this form will mean that you may be an observer, rather than a full participant. Regardless of your physical condition, you are expected to pay attention to your body and its physical limitations to select an appropriate level of participation. Failure to complete all portions of this form could result in injury or compound the damage to an existing injury.

**PARTICIPANT RELEASE OF LIABILITY AND
ASSUMPTION OF RISK AGREEMENT**
****READ BEFORE SIGNING****

**Western Carolina University
Base Camp Cullowhee**

Trip/Activity: _____ **Date** _____

Participant Name: _____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participants. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** Western Carolina University and the Board of Governors of the University System of North Carolina ("UNC") and UNC directors and trustees, it's officers, officials, agents. And/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or relates to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

x _____
Participant's Signature _____ Age _____ Date _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OR MINOR AGE (UNDER 17AT TIME OF REGISTRATION) This is to certify that, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releasees from any and all liability and incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

x _____
Parent/ Guardian Signature _____ Age _____ Date _____