

## REGISTRATION, HEALTH SCREEN, AND PARTICIPANT AGREEMENT

**PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY AND PROVIDE ALL REQUESTED INFORMATION LEGIBLY AND IN INK. BE SURE TO SIGN AND DATE WHERE INDICATED ON THE LAST PAGE. INCOMPLETE AND/OR UNSIGNED FORMS MAY DELAY OR PRECLUDE PARTICIPATION IN THE PROGRAM. PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN FOR MINOR CHILDREN.**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Male ☐ Female ☐

Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Street City State Zip Email Telephone

Participant is a: Minor ☐ Self ☐ Teacher ☐ Parent/Chaperone ☐

Name of Parent(s) or Legal Guardian(s) (if Participant is a minor): (1) \_\_\_\_\_ (2) \_\_\_\_\_

Address(es) of Parent(s)/Legal Guardian (If different than above):

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Street City State Zip Email Telephone

Participant Ethnicity: White ☐ African-American ☐ Asian-American ☐ Hispanic-American ☐ Native American ☐ Other ☐

Name of School: \_\_\_\_\_ Name of Head Teacher or Group Contact: \_\_\_\_\_

### **EMERGENCY CONTACTS – Parent or Legal Guardian must be provided as first emergency contact**

(1) Name \_\_\_\_\_ Relation \_\_\_\_\_ Email \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

(2) Name \_\_\_\_\_ Relation \_\_\_\_\_ Email \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

### **HEALTH INFORMATION - PLEASE FILL OUT COMPLETELY \*DOCTOR SIGNATURE NOT REQUIRED\***

**Does the Participant have, or has the Participant had, any of the following conditions or symptoms?**

Current Medical Conditions		Diseases		Allergies	
1. Bleeding/Clotting Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Hay Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Iodine	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Poison Oak	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Ear Infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Other Diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Penicillin	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Heart Defects/Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Date of last Tetanus shot:		22. Bees/Wasps/Insects	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Psychiatric Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No			22. Food	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Seizure Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No			24. Other Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Immuno-Compromised	<input type="checkbox"/> Yes <input type="checkbox"/> No			<b>If Participant Has Allergies:</b>	
9. Sleep Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No				
10. Bedwetting	<input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No			25. Do you carry your own Epinephrine or Epi-pen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Hospitalized in the last 5 yrs?	<input type="checkbox"/> Yes <input type="checkbox"/> No			26. Do you carry your own Inhaler?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered “yes” to any of the above items, please explain below. Provide corresponding number. (Attach additional pages if necessary.)

Question No.	Explanation

Is the Participant taking any medication? ☐ Yes ☐ No

Please list all medications the Participant is taking and the purpose of each.\*\*

**\*\*Participant must continue to take all medications during the Program unless otherwise instructed by your physician.**

Is the Participant capable of participating in a 5 mile hike? ☐ Yes ☐ No

Are there any restrictions on the Participant’s physical activity? ☐ Yes ☐ No

Please describe \_\_\_\_\_

Does the Participant have any **food allergies**? Please specify \_\_\_\_\_

Does the Participant have any **food restrictions**? Please specify \_\_\_\_\_

Please provide any additional information that you believe we should know to help us provide a quality experience for the Participant.

Name of Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medical Insurance carrier \_\_\_\_\_

Policy #/I.D.# \_\_\_\_\_ Subscriber Name \_\_\_\_\_

Additional information attached: ☐ Yes ☐ No

**PARTICIPANT AGREEMENT**  
**(INCLUDING ASSUMPTION OF RISKS, RELEASE AND INDEMNIFICATION)**  
**REQUIRED FOR ALL PARTICIPANTS**

PLEASE READ THIS ENTIRE AGREEMENT CAREFULLY. IT AFFECTS THE LEGAL RIGHTS OF PARTICIPANTS AND THEIR FAMILIES IN THE EVENT OF AN INJURY OR OTHER LOSS.

All Participants age 18 and older, including all teachers and chaperones, (referred to as “Adult Participants”), must sign this Participant Agreement. At least one parent or legal guardian (both referred to as “Parent”) must sign on behalf of themselves individually as well as on behalf of their minor child or ward (referred to as “Minor Participant”). The term “I” as used in this Participant Agreement refers to the Adult Participant and/or Parent. The term “Program” refers to the NatureBridge program in which a Participant has enrolled.

In consideration of the Program, services, benefits and amenities provided by NatureBridge, a California Non-Profit Public Benefit Corporation, I hereby understand, acknowledge and agree as follows:

**Activities and Risks**

Activities vary from program to program, and may include hiking, stewardship activities (for example, plant removal and trail maintenance), backpacking, skiing, snowshoeing, snorkeling, kayaking, canoeing, and other water craft

excursions. Some programs involve travel in NatureBridge vehicles driven by NatureBridge employees. I understand that this Program exposes its Participants to a variety of risks and hazards, foreseen and unforeseen, some of which are inherent and cannot be eliminated without fundamentally altering the unique character of the Program. These inherent risks include, but are not limited to, environmental risks and hazards, including rapidly moving, deep, or cold water; plants, insects, snakes, and predators, including large animals; falling and rolling rock; lightning; and unpredictable forces of nature, including weather that may change to extreme conditions without notice. Possible injuries and illnesses include allergic reactions, including, importantly, anaphylaxis, hypothermia, frostbite, high altitude illnesses, sunburn, heatstroke, dehydration, infectious diseases, musculoskeletal injuries, and other mild or serious conditions or injuries, including death. Emergency evacuation and medical care may be delayed twenty-four (24) hours or more due to the remote locations of some Program activities.

### **Assumption of the Risks**

I understand that the description above of the risks involved in NatureBridge activities is not complete, and that other risks may result in property loss, personal injury, or death. For myself and for my Minor Participant, I agree to assume, to the fullest extent permitted by law, the risks of participation, known and unknown, inherent or not, and whether or not such risks are described above. I understand that participation in this Program is entirely voluntary and I consent to participation with full knowledge of the risky nature of the Program. If the Participant is a minor child, I have discussed the activities and risks with her or him and the child wishes to participate nevertheless.

### **Release and Indemnification**

I, an adult Participant or Parent of a Minor Participant, for myself and on behalf of that Minor Participant, agree to release, indemnify, protect, and hold harmless, and promise not to sue, NatureBridge and/or its affiliated institutes, and/or any of their respective officers, directors, employees, contractors, and insurers (the "Released Parties"), with respect to any and all claims, demands, damages, losses, or liabilities, including, but not limited to, claims for personal injury or death, which I or my Minor Participant may suffer, arising out of or in any way related to my, or my Minor Participant's, participation in the Program. The claims hereby released and indemnified against include those caused by or arising from the negligence of a Released Party, or any of them, but not those caused by or arising from any reckless or intentionally wrongful act or omission. If a Released Party is required to defend any claim brought by and/or on behalf of me, a family member, and/or my Minor Participant, I or my, and/or the Minor Participant's, heirs or executors agree to pay such Released Party's costs of litigation and attorney's fees if and to the extent the Released Party successfully defends against such claim.

### **Medical**

I represent that the medical information I have provided above is correct and complete to the best of my knowledge.

I authorize NatureBridge staff who have received appropriate training to administer basic first aid and "over the counter" medication, including aspirin, Tylenol, ibuprofen, Benadryl, Neosporin, Pepto-Bismol, and similar medications. I understand that NatureBridge staff does not carry epinephrine for the treatment of life threatening allergic reactions which might occur during the Program. If my Minor Participant has a known life-threatening allergy, or if I have been advised that he or she should be prepared for a possible serious allergic reaction, my Minor Participant has been provided with auto-injectable epinephrine and a physician's instructions for its use, and I have instructed my Minor Participant to have these available at all times during the Program. If my Minor Participant is enrolling in the Program as part of a school or other group, I have also informed the person in charge of the school or other group of this allergy and any applicable physician-prescribed protective measures.

I authorize any adult chaperone or member of the NatureBridge staff to obtain medical care for my Minor Participant (or me, if I am unable to consent), and to consent to any X-ray, examination, anesthetic, diagnosis, treatment and/or hospital care that may be recommended by a licensed physician and/or dentist. In the event of

