



- You must sign this form in order participate -

DISCLOSURE

The Hartwick College Awakening Program involves a variety of activities in both indoor and outdoor settings. Activities may include use of private and public transportation, warm-ups, games, group initiative problems, high and low ropes course elements, caving, hiking, canoeing, rock-climbing, and other rigorous physical adventure activities. These activities have deliberately and consciously been chosen to place program participants in challenging settings that elicit some fresh behaviors, some anxiety, and some new insights. The goal of Awakening, which is to raise participant awareness about themselves and others through challenge, is thus supported by program activities. All activities are presented on a "Challenge by Choice" basis. This means that the level of participation is up to the individual's choice. Yet there is a risk, which must be assumed by each participant, that due to the demands of certain activities he or she may incur injury. There are certain risks inherent in outdoor adventure.

The information gathered on this medical form is intended to help inform Awakening staff of any pre-existing medical conditions, and to help determine if consultation with your physician is recommended prior to your program. If you have a pre-existing condition, participation in some of the more strenuous activities may not be recommended. This information will be kept in strict confidence by Hartwick College and shared only with your permission.

I. GENERAL INFORMATION

Name (PLEASE PRINT): _____ Date of Program _____
Age: _____ Date of Birth _____ Social Security Number _____
Sex F _____ M _____ Height _____ Weight _____

HEALTH INSURANCE: All Awakening participants are required to have health/accidental insurance coverage.
Name and address of insurance company _____

PERSON TO CONTACT in Case of Injury or Illness:
Name _____
Relationship _____
Address _____
Phone: Home _____ Cell _____

PLEASE CHECK THE BLANK IN FRONT OF ANY OF THE FOLLOWING CONDITIONS THAT APPLY:

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Blood Problems |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Major vision Problems |
| <input type="checkbox"/> Dislocations | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Joint Problems | | |

For any conditions checked above, please describe:
Specific symptoms or conditions-

what tends to cause the problems -

last date of occurrence -

how often they occur and how long they last -

how you care for them, including any medications you carry for the above indicated conditions -

___ Do you have any physical, health or handicaps that the program leader should know about? Explain:

___ Have you had any recent (up to 12 months) acute illness, injury or surgery? Last date of occurrence:
Give details and how it might affect your participation:

___ Are you currently under a doctor's care? Explain:

___ Do you get cold easily? Explain:

___ Are you taking medication (prescribed or otherwise, e.g. cold medicine)? If so, what type and what is it for?

___ Are you taking or have you recently taken psychiatric medication? If so, what type and what is it for?

___ **Allergies: If you are allergic to any of the following, please explain.**

___ Medications: Please specify:

___ Foods: Please specify special dietary needs:

___ Insect bites and stings, or family history of same. **If allergic, please carry your own allergy medicine.**

___ Other:

___ NONE OF THE ABOVE MEDICAL CONDITIONS APPLY TO ME.

OTHER PHYSICAL INFORMATION

1. Can you swim? (Yes) (No)
2. Date of last tetanus shot? _____
3. Indicate your level of fitness:
___ little or no exercise on a regular basis
___ occasional exercise, 1 or 2 times a week
___ vigorous exercise (e.g., 20 minutes of running, fast walking or the equivalent) 3 times a week or more
4. Are you currently certified in (circle all that apply): First Aid EMT CPR WSI WFA WFR
5. Describe your outdoor experiences pertinent to this program:

II. RELEASE OF LIABILITY

I affirm that the confidential medical information that has been provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold Hartwick College harmless if full disclosure of a pre-existing medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment that may become necessary.

I understand that parts of the Awakening Program may be physically or emotionally demanding. I hereby acknowledge that I am aware of these risks and I agree to follow all safety instructions and ask questions if I do not understand. I also acknowledge that, despite careful precautions, there are certain inherent risks of injury in this program, and I accept those risks. I understand that each participant must assume the risk of injury or disability that could result from any of the activities.

I release, on behalf of my heirs and assigns, Hartwick College, its employees and successors, from and against any and all claims and causes of action arising out of my participation in this program, except insofar as such claim or cause of action arises from the actual negligence or intentional acts by Hartwick College, its officers, agents or employees.

I have read and I understand this statement.

Participant Signature: _____ Date: _____

Signature of Parent of Guardian (if under 18 years of age) _____