UNC Asheville Outdoor Programs  
Health and Medical Form

Outing Title: ______________________  Outing Date: __________

PARTICIPANT CONTACT INFORMATION

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
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<tbody>
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<table>
<thead>
<tr>
<th>HOME PHONE #</th>
<th>CELL PHONE #</th>
<th>UNCA EMAIL</th>
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</thead>
<tbody>
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<table>
<thead>
<tr>
<th>ADDRESS</th>
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<table>
<thead>
<tr>
<th>BIRTH DATE</th>
<th>HEIGHT</th>
<th>WEIGHT</th>
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<table>
<thead>
<tr>
<th>NAME OF PERSON TO CONTACT IN CASE OF AN EMERGENCY</th>
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<table>
<thead>
<tr>
<th>EMERGENCY CONTACT PHONE #</th>
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<thead>
<tr>
<th>HEALTH INSURANCE PROVIDER</th>
<th>POLICY NUMBER</th>
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HEALTH STATEMENT (PLEASE ANSWER ALL QUESTIONS)

This outing involves participation in outdoor activities, which are, by their nature, physically demanding. Therefore, all participants must indicate any medical or physical conditions that might create special considerations for themselves and others. Furthermore, medical care may be many hours away in case of an emergency. Physical strength is not required; although being in good condition will increase your enjoyment of the outing activities. If there is any doubt about your ability to safely participate in the outing activities, you should consult your physician and then notify Outdoor Programs as to advice and recommendations.

**Current Health Status**: Please indicate if you have any medical conditions or physical disabilities that could interfere with or limit your participation in the trip. If you are unsure, explain the trip to your physician and ask his/her advice. If you answer yes to any question below, please specify in detail below, indicating the item number. All information is kept strictly confidential.

<table>
<thead>
<tr>
<th>Item #</th>
<th>Detailed Description (include restrictions, if any)</th>
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<tbody>
<tr>
<td>1.</td>
<td>Hearing or vision problems (do not include wearing contacts or glasses)</td>
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<tr>
<td>2.</td>
<td>Respiratory problems (Ex. Asthma)</td>
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<tr>
<td>3.</td>
<td>Back problems</td>
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<td>4.</td>
<td>Joint problems (knees, ankles, hip, etc.)</td>
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<tr>
<td>5.</td>
<td>Serious illness or hospitalization in the last year</td>
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<td>6.</td>
<td>Surgeries in the last six months</td>
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<td>7.</td>
<td>Heart problems or high blood pressure</td>
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<td>8.</td>
<td>Serious reaction to high or low temperatures</td>
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<td>9.</td>
<td>Frequent muscle cramps</td>
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<td>10.</td>
<td>High or low blood sugar</td>
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<td>11.</td>
<td>Seizure disorders</td>
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<td>12.</td>
<td>Anemia, bleeding tendencies or traits</td>
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<td>13.</td>
<td>Psychological or emotional problems</td>
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<tr>
<td>14.</td>
<td>Are you currently pregnant</td>
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</tbody>
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What other physical conditions or restrictions do you have which may limit your participation in this activity? ____________________________________________________________

Today’s Date: __________
HEALTH STATEMENT CONTINUED (PLEASE ANSWER ALL QUESTIONS)

**Allergies:** Indicate any allergies you have (medications, foods, plants, etc.), allergic reactions and any medications required.

<table>
<thead>
<tr>
<th>Allergies: (Check if applicable, write in others)</th>
<th>Reactions:</th>
<th>Medication required (if any):</th>
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<tbody>
<tr>
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<tr>
<td>Insect Stings (bees, wasps, etc.) ☑ Yes</td>
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<tr>
<td>Iodine or shellfish allergy ☑ Yes</td>
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**Medications:** Please indicate any medications you are currently taking (other than allergy medications), for what condition, and whether you will take it during the trip. *If you need to take medication during the trip, be sure you have ample supply.*

<table>
<thead>
<tr>
<th>Medication</th>
<th>Condition</th>
<th>Do you need during the trip?</th>
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**Swimming Ability:** (Please check one.) ☑ Good Swimmer ☑ Can Swim ☑ Non-Swimmer

**Food Preferences & Dietary Restrictions:** (vegetarian, kosher, lactose intolerant, etc., please indicate specific dietary needs)

<table>
<thead>
<tr>
<th>DIETARY RESTRICTIONS</th>
<th>FOOD ALLERGIES (PLEASE LIST)</th>
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<tbody>
<tr>
<td>☑ VEGETARIAN (eggs &amp; cheese okay!)</td>
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<tr>
<td>☑ VEGAN (no animal products, thanks!)</td>
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<tr>
<td>☑ OTHER INFORMATION:</td>
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</table>

I understand the nature of the physical demands of this activity. I have noted about any medical or physical conditions I have which might affect my participation. I therefore release any and all claims for damages against University of North Carolina Asheville, and all individuals instructing and conducting these activities, for any and all injuries, loss or damage suffered by me during, or in any way connected with these activities.

**PARTICIPANT SIGNATURE:**

**DATE:**

**PARENT OR GUARDIAN SIGNATURE IF PARTICIPANT IS UNDER 18**

**DATE:**
UNIVERSITY OF NORTH CAROLINA ASHEVILLE
CAMPUS RECREATION, OUTDOOR PROGRAMS
AGREEMENT

Read Carefully the Statements below and acknowledge your understanding by providing your signature (for participants less than 18 years your signature must be accompanied by a Legal parent/guardian).

As with all outdoor activities, there are uncontrollable factors associated with participation in Wilderness Experience and Blue Ridge Sampler. All pre-Rendezblue Staff have been trained to assess and reduce risk, and hold appropriate medical certifications, but not all circumstances can be anticipated and/or avoided. Those enrolled in Wilderness Experience or Blue Ridge Sampler should recognize the inherent risk of participating in outdoor activities and take responsibility for their own actions.

I acknowledge receipt of instruction about potential risks, including risk of property damage or loss, personal injury, and death, associated with the pre-Rendezblue, Wilderness Experience or Blue Ridge Sampler sponsored by University of North Carolina Asheville as well as instruction regarding preventative measures which I can take to maximize safety while participating in this activity. I understand that I share in the responsibility for my safety during participation in the activity, and I knowingly and voluntarily assume that responsibility.

1. I will comply with all instructions and directions of UNC Asheville agents or employees during participation in this activity;
2. I understand the risk and danger to me and my property associated with my participation in this activity, and I do so voluntarily in reliance upon my own judgment and ability. I knowingly and voluntarily assume all risk of personal injury, death, and property damage or loss from any cause whatsoever, including, but not limited to, failure of anyone to enforce rules and regulations or inspect equipment or facilities, and negligence of other students or staff; the following describes some, BUT NOT ALL, of the Risks: Rock fall, Icefall, Electrical Storms, Mountain Storms, Snow, Ice, Avalanches, Rain, Sleet, Foul, Lightning, Falling, Falling objects from above, Unstable or Loose Rock, Snow, Ice, Talus, Scree, Boulders, and/or other Terrain, Slippery Terrain, Extreme Cold and Hot Temperatures, Dehydration, Wind, Drowning, Foot Entrapment, Failure of Equipment despite reasonable care and use, injury from equipment despite reasonable care and use, Careless or Reckless Behavior on the part of other members of the group despite reasonable supervision, Instructor Error, Careless or Reckless behavior on the part of third parties; and
3. I shall indemnify, defend, and save harmless UNC Asheville, its trustees, agents and employees from all liabilities, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys fees, arising or claimed to have arisen out of personal injuries or death, or property damage or loss, sustained by me as a result of negligence on the part of UNC Asheville agents or employees or other participants, or by others as a result of my own negligence or intentional acts, during my participation in this activity (including travel to and from the activity site).
4. I understand that photos and/or video taken of me may be used for the purpose of promoting UNC Asheville and various programs of the institution in media that may include printed material, web and/or video. I agree to allow my image to be used for this purpose and that any likeness of me may be disseminated for public release by UNC Asheville. Please initial the box next to your name/date if you agree to this statement.

I certify that I am at least eighteen (18) years of age, medically sound, and physically fit to participate in the activity described above. I further certify that no oral promise, agreement, warranty or representation concerning safety or liability has been made to me.

I HAVE READ AND UNDERSTAND THIS DOCUMENT, AND AGREE THAT IT WILL LEGALLY BIND ME AND MY ESTATE.

PARTICIPANT PRINTED NAME

PARTICIPANT SIGNATURE: 

DATE:

PRINTED NAME OF PARENT/GUARDIAN (IF STUDENT IS LESS THAN 18 YEARS)

SIGNATURE OF PARENT/GUARDIAN:

DATE:

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

This medical form is confidential and is used only by Outdoor Programs staff for screening purposes in an attempt to make your experiences as safe and enjoyable as possible.