



Woodbine Ecology Center

Promoting Indigenous Values & Sustainable Communities

MEDICAL AND LIABILITY RELEASE FORM

PLEASE NOTE: To ensure that we always have current information you must notify us if there are any changes after you filled this form. If the participant is a minor, the form must be signed by an adult guardian.

Date: _____

Participant's Name: _____ Nickname: _____

Gender: _____ Date of Birth: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ Cell _____ E-mail _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Home Phone: _____ Work/Other Phone: _____ E-Mail: _____

Out-of-State Emergency Contact (name and phone): _____

INSURANCE INFORMATION (if you do not carry health insurance, please indicate so):

Name of Health Insurance Carrier: _____

Group/Plan Number: _____ Phone: _____

Personal/Family Physician: _____ Phone: _____

Date of last tetanus booster: _____

MEDICAL CONDITIONS:

If you (or your child) have any personal medical condition or problem that Woodbine Ecology Center should be aware of, it is your responsibility to acquaint us with the existing condition both in this form as well as at registration for the program. The information will be held in confidence and used only to render proper assistance should the need arise.

1. Do you use: contact lenses/glasses? _____ , hearing aid? _____ , prosthetics? _____

2. Do you have asthma? _____ . If so, do you have medication? (specify): _____

3. Do you have a heart condition? _____ . If so, please describe your limitations, medication (if any) and history:

4. Do you have any physical disabilities or limitations that could become a problem on this program? If so, please describe the disability, limitation and history:

Initials _____

5. Are you currently on any medication? _____. If so, indicate the specific medication, condition prescribed for and any known negative drug interactions:

6. Is there any other condition that we should be aware of that may endanger, alter, or somehow limit your abilities to participate in our programs? Please describe in detail:

7. Are you allergic to any of the following? If so, please give specific reaction to each, degree of sensitivity (10 being deathly allergic and 1 being mildly) and specific allergen:

1.) Medication (i.e. penicillin, aspirin):

2.) Insect bites (i.e. wasps, bees):

3.) Foods (i.e. peanuts, chocolate):

4.) Plants:

5.) Other:

Do you use medication for allergic reactions (i.e. EpiPen, Benadryl)? If so, what do you use? Note: (We do request that if you do have anaphylactic allergic reactions that you bring medication to counter it appropriately - i.e. EpiPen or AnaKit).

8. If the program you are registered for includes meals, are you Vegetarian? _____ Vegan? ____ Other special food needs:

We will do our best to accommodate any special food needs with two weeks notice.

PHOTO/VIDEO RELEASE: By signing below I hereby grant free permission for Woodbine Ecology Center to use still or motion picture images of myself (or my child) participating in their programs or events for outreach purposes, including but not limited to electronic or print materials, or print or broadcast 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 and video.)

RELEASE, INDEMNIFICATION AND WAIVER FORM AND : (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 Woodbine Ecology Center which are beyond the control of the instructors, agents, officers, students, and employees of Woodbine Ecology Center, and that participation 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, such as but not limited to low lying branches, sharp objects, and slippery surfaces.

I hereby assume all risks of injury and death to myself (or my child) and loss of or damage to property arising out of my participation in such activity and I agree to indemnify, hold harmless Woodbine Ecology Center, its officers, instructors, agents, and employees (“Releasees”) from and against all claims arising from any occurrence causing damage or injury to myself or to any party participating in said event or any third parties injured as a result of my actions. I further agree to repair or reimburse Woodbine Ecology Center for any and all damages that I cause to Woodbine Ecology Center property or the property at which a specific activity is held.

Prior to signing below, I have read and understand the terms and conditions of this Release, Indemnification, and Waiver, understand by signing below I am waiving certain legal rights I may have against the Releasees, and I agree to subscribe to all the terms and conditions set out above.

Initials _____

NOTICE OF PRIVACY PRACTICES

HOW WE COLLECT INFORMATION ABOUT YOU: WEC and its employees and volunteers collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, and from this form that is either required by law, or necessary to process applications.

WHAT WE DO NOT DO WITH YOUR INFORMATION: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in this form, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or participants who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

HOW WE DO USE YOUR INFORMATION: Information is only used as is reasonably necessary to provide programs and deal with the health issues which may require communication between WEC and health care providers, medical service providers, pharmacies, insurance companies, and other providers necessary to: determine the type of medical supplies or any health care services you need.

LIMITED RIGHT TO USE NON-IDENTIFYING PERSONAL INFORMATION FROM BIOGRAPHIES, LETTERS, NOTES, AND OTHER SOURCES: Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of WEC. We reserve the right to use non-identifying information about our clients (those who receive services from or through us) for fundraising and promotional purposes that are directly related to our mission. Participants will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without participant's express advance permission.

Participant's Signature: _____

Printed Name: _____ Date: _____

If participant is under 18 years of age then the form must also be signed by an adult legal guardian.

Legal Guardian's Signature: _____

Legal Guardian's Printed Name: _____ Date: _____

Please return signed form to:

Woodbine Ecology Center
P. O. Box 1253
Littleton, CO 801060
or fax ALL pages to 303.380.9889

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