



## PERSONAL INFORMATION

**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
*Last First M.I. MM/DD/YYYY*

**Address:** \_\_\_\_\_  
*Street Address*  
\_\_\_\_\_  
*City State Zip Code*

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**T-Shirt:**  S  M  L  XL  XXL **Which Saturday Adventure are you interested in?**  Paintball Battle  Gold Discovery

## EMERGENCY CONTACT INFORMATION

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## HEALTH HISTORY

**Drug Allergies:** \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_

**Food Preferences:**  Vegan  Vegetarian  No Preference  other: \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

**Disabilities:** \_\_\_\_\_

**Doctors' Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**HTC:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## MEDICATIONS

Are you taking any medications prescribed by a doctor?      YES       NO

1. Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

2. Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

3. Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

## INSURANCE INFORMATION

Primary: \_\_\_\_\_ Phone: \_\_\_\_\_  
Policy \_\_\_\_\_ Group \_\_\_\_\_  
Number: \_\_\_\_\_ Number: \_\_\_\_\_

Secondary: \_\_\_\_\_ Phone: \_\_\_\_\_  
Policy \_\_\_\_\_ Group \_\_\_\_\_  
Number: \_\_\_\_\_ Number: \_\_\_\_\_

## WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I, the undersigned person, request to be allowed to participate in HF Adventure Connections event, Family Appreciation Weekend Adventure, (hereinafter referred to as "Event") and the Program of Camping Activities which include but are not limited to the Paintball Battle and Gold Discovery (herein referred to as "Activities") which will take place on July 28th through the 30th, 2017.

*This agreement shall remain in effect until Event receives written notice of the cancellation of the consent or until the end of the activity described above.*

1. **WAIVER OF LIABILITY:** I waive and release any right I, my heirs, distributees, guardians, legal representatives, and assigns may have or acquire to make a claim, sue, attach the property of, or prosecute volunteers or employees, officers, directors of HF Healthcare or paid and volunteer staff, of affiliated organizations including vendors or service providers and those affiliated organizations (hereinafter referred to as "the releases") for monetary damages caused by injury to myself arising from my participation in the activities and use of the facilities and property at Event, whether or not the injury or damage results from the negligent acts or omissions, except intentional acts, of any of the releases.

2. **INDEMNITY AGREEMENT:** I agree to indemnify and hold the releases harmless from any loss, liability, damage, or cost, including reasonable attorney fees, that may occur to my participation in the activities and use of the facilities whether or not such loss, liability, damage, or cost results from the negligence or other action, except intentional acts, or any of the releases.

I have carefully read this agreement and fully understand its contents. I am aware the agreement included a Waiver of liability, Indemnity Agreement, and I sign it of my own free will.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT TO PHOTOGRAPH OR FILM

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs or film. I also grant to the right to edit, use, and reuse said products including use in print, on the internet, and all other forms of media. I also hereby release HF Healthcare and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_