

MEDICAL & LIABILITY FORM - *required*
January 2010 Interim Course at Audubon Center of the North Woods
Wolves and other large predators: A Northwoods Experience, 1/4-1/22/10

Completion of this form is essential for your safety and enjoyment of our facilities and programs. Please take the time to accurately complete this form.

Mail or fax completed form by December 11, 2009:

Audubon Center of the North Woods, PO Box 530, Sandstone, MN 55072

Fax: 320-245-5272

Name _____ Age _____ Birth date ____/____/____ Gender M F

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Secondary Phone _____

In case of emergency notify: _____

Relationship _____ **Phone** _____

Family Doctor or Clinic _____ Phone _____

Health Insurance Company _____

Policy # _____ and/or Group # _____ other # _____

Or – I don't have any health insurance _____

MEDICAL HISTORY

Allergies – check all that apply

_____ penicillin _____ aspirin _____ iodine _____ heat/cold

_____ insects, please list _____

_____ foods, please list _____

Please describe your typical reaction to the above indications and how you treat it. _____

Note: If you require medication or suffer sever allergies and must carry epinephrine, you are responsible for bringing your own. We suggest that you bring a double prescription so that one of the leaders can carry part of it to avoid any problems in the event you should lose yours. Also bring any other medications you need for problems listed below.

Will you be taking any medications during the course? _____ If yes, please list the medication and its purpose.

MEDICAL HISTORY – PLEASE INDICATE IF YOU HAVE ANY HISTORY WITH THE PROBLEM

_____ Asthma _____ Crohn's Disease _____ Snowblindnes _____ Back Problems _____ Chronic Diarrhea

_____ Frostbite/hypothermia _____ Knee/joint Problems _____ Intestinal/stomach problems _____ Fainting

_____ Rheumatic Fever _____ Raynaud's Syndrome _____ Bronchitis _____ Arthritis _____ Seizures

___ Abnormal Blood Pressure ___ Heart Trouble ___ Anorexia ___ Drug abuse problems

___ Diabetes, controlled by: injection ___ pill ___ or diet ___ ___ Eyeglasses ___ Hearing Aid

___ Corrective braces or devices, please describe _____

If you have checked any of the above, have you been treated or are still under treatment for the problem?
Please explain:

Is there any other problem we should know about to keep you safe and help you enjoy your stay? Any fears or phobias?

DIETARY PREFERENCES

___ Vegetarian ___ Fish ___ No red meat ___ Any meats

We cannot always provide special diets. However, we may be able to be flexible with some of the meals. It is your responsibility to contact us before the session and you may need to bring along some of your own foods.

ASSUMPTION OF RISK and LIABILITY RELEASE

Participant Name _____

I will be participating / I authorize the above-named participant to participate in the program at the Audubon Center of the North Woods. I acknowledge and am aware that this program involves certain inherent risks which I am prepared to accept. These risks may include (but are not limited to) inclement weather; walking on uneven trails; canoeing; cross country skiing; snowshoeing; rock climbing and belaying on an indoor climbing wall; a high ropes course activity; field trips to non-Audubon Center sites; and other peoples' actions. Following appropriate medical consultation, I have determined that my child's/my health is adequate to participate safely in this program (except as indicated on the Student or Adult Health Form). In the event of an emergency, I authorize treatment by emergency medical personnel.

Accordingly, I hereby release the Audubon Center of the North Woods, including all of their personnel, agents, affiliates, staff and directors, from any and all liabilities to me with respect to injury, sickness, disease, loss or damage. This release applies to any and all liabilities to me or my estate of any description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind. In the event that some other person or entity seeks compensation for these released liabilities, I or my estate will indemnify and hold harmless the Audubon Center of the North Woods for all sums reasonably incurred in response to that claim. This release is to be interpreted and enforced under Minnesota law.

Parent/Guardian or Participating Adult Signature _____

Address _____

City _____ State _____ Zip _____

Date _____

Photo Release Permission

The undersigned hereby allows the Audubon Center of the North Woods to use photographs of the participants taken during the Audubon programs for use in promotional materials.

Signature of Participant: _____ Date _____