

LA VIDA CONFIDENTIAL MEDICAL AND EMERGENCY FORM

Both sides of this form must be completed by the Adventure Pursuits participant or a parent/legal guardian if participant is under the age of 18. For your safety and our records, answer the following questions in detail and sign the bottom of the page. La Vida carries limited accident and illness insurance.

Name
Last First Middle initial Nickname

Home address
Street City State Zip Home phone

Gender: Female Male Date of Birth (mo/day/yr) Age Email

Group/organization Group leader

In Case of Illness or Injury

Person to be notified Relationship

Address
Street City State Zip

Home phone Work Cell

Physician's name Phone

Address
Street City State Zip

Insurance Are you covered by a hospitalization or medical care policy? Yes No

Company Policy #

Address
Street City State Zip

RELEASE AND ASSUMPTION OF RISK

Since La Vida's beginning in 1970 it has had an excellent safety record. All activities are well within safety limits, and standard procedures are strictly enforced by trained instructors. The La Vida policy "challenge by choice" means that each participant determines the level and extent of their participation. The staff will encourage participants to try each activity but will not use or allow peer pressure to force any participant to do anything they would prefer not to do. We are required by law to inform each participant of the risk and danger involved in adventure activities. Therefore, this Release and Assumption of Risk Form has been created and must be signed by each participant or the parents of minors under 18 years of age.

I am aware that during La Vida certain risks and dangers may occur which are out of the control of the instructors. I further realize that I will be participating in activities (including high course elements 20-40 feet high and low course elements) in which the risk of an accident may be greater than in my normal way of life.

In consideration of the right to participate in such La Vida activities, I have and do hereby assume all the above risks and will hold Gordon College and the La Vida instructors harmless from all liability, actions, causes of actions, debts, claims and demands of every kind and nature which might arise in conjunction with my participation in La Vida. I also acknowledge the fact that the instructors have the right to terminate my participation in La Vida because of my health or physical condition. I agree that the decision of the instructors shall be binding upon me.

Consent is hereby given for the applicant to attend an Adventure Pursuits experience and, in case of an emergency, permission is given to Adventure Pursuits instructors to secure proper medical care. I acknowledge that the information on both sides of this form is true and accurate.

I DO DO NOT authorize Gordon College La Vida staff to share medical information with the emergency contact that I have provided during my involvement in a Gordon College La Vida program.

Photo Release Statement: The La Vida Center may use any photograph or video footage of me or my child for advertising, art, or promotional purposes. I waive my right to inspect or approve the finished product, and know that I will not receive any compensation for any products used by La Vida.

Signature of participant or parent/guardian (if applicant is under 18 years of age)

Date

Check here if you **do not give La Vida permission** to use photos/videos of you or your child. Sign

Check here if you **do not give Gordon College permission** to send information about Gordon College to the address provided above.

CONFIDENTIAL MEDICAL HISTORY AND PHYSICAL CONDITION

Do you have (or have had in the past) any health conditions that you or your doctor feel would limit your participation in any of Gordon College's Adventure Pursuits activities? If yes, please identify and explain in detail to the best of your ability.

	NO	YES	DATE	EXPLAIN ANY DETAILS OF YOUR HEALTH CONDITION
Diabetes (__ insulin or __ non-insulin dependent)	<input type="checkbox"/>	<input type="checkbox"/>		
Dizziness, Loss of Consciousness, Fainting	<input type="checkbox"/>	<input type="checkbox"/>		
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>		
Allergies (Do you carry an epi pen? _____)	<input type="checkbox"/>	<input type="checkbox"/>		
Asthma or Respiratory Disease (Inhaler? _____)	<input type="checkbox"/>	<input type="checkbox"/>		
Sensitivity to Insect Bites, Bee Stings	<input type="checkbox"/>	<input type="checkbox"/>		
Impairment of Sight or Hearing	<input type="checkbox"/>	<input type="checkbox"/>		
Injury to Back, Joints, Bones	<input type="checkbox"/>	<input type="checkbox"/>		
Artificial Limbs	<input type="checkbox"/>	<input type="checkbox"/>		
Hemophilia or Bleeding	<input type="checkbox"/>	<input type="checkbox"/>		
Low or High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>		
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>		
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>		
Heart Murmur, Palpitations	<input type="checkbox"/>	<input type="checkbox"/>		
Chest Pain, Pressure (w/exertion)	<input type="checkbox"/>	<input type="checkbox"/>		
Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>		
Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>		
Recent Surgery	<input type="checkbox"/>	<input type="checkbox"/>		
Hepatitis, Meningitis	<input type="checkbox"/>	<input type="checkbox"/>		
History of Epilepsy, Stroke or Seizures	<input type="checkbox"/>	<input type="checkbox"/>		
History of Anxiety	<input type="checkbox"/>	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	<input type="checkbox"/>		
FEMALES ONLY				
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>		

If you answered yes to any of the above questions, have you consulted your physician about your participation? Check below.

- I have talked to my physician and have been advised that I **may fully participate** in A.P. activities.
- I have talked to my physician and have been advised that I **may only participate in non-strenuous** A.P. activities.
- I have talked to my physician and have been advised that I **should not participate in any** A.P. activities but can be an observer.
- I did NOT talk to my physician, but I have been made aware of the risks of my participation in A.P. and am willing to assume the risks.

Height

Weight

General Health

Are you currently taking any medications? Yes No If yes, what meds. & what is being treated

Are you a smoker? Yes No Are you a former smoker? Yes No If so, how long ago did you quit?

How much do you exercise: little to none, occasionally (1-2 times per week), vigorous and often (3 or more times per week)

Is there anything else we should know about your health? (physical disabilities, learning disabilities, autism, psychiatric care, etc.)

The La Vida Adventure Pursuits staff reserve the right to limit participant's activities based on the information provided above.

