

# Rock Springs Adult Health and Participation Form

Group: The Church

Date: 10/25/2019-10/27/19

Attendee's Name: \_\_\_\_\_

## Health

List below any physical condition the doctor, EMT, nurse, Rock Springs staff or group staff should be aware of. (Any information will be kept confidential.) Check conditions present and list any pertinent information.

\_\_\_\_ insect stings                      \_\_\_\_ diabetes                      \_\_\_\_ heart condition                      \_\_\_\_ ear infection  
\_\_\_\_ fainting spells                      \_\_\_\_ headaches                      \_\_\_\_ allergies (explain) \_\_\_\_\_

allergic to any drugs (please list) \_\_\_\_\_

prescribed medicines presently taking \_\_\_\_\_

date of last tetanus immunization \_\_\_\_\_

other conditions \_\_\_\_\_

## Participation

I understand the Rock Springs instructional staff is trained to provide the safest activities possible; however there is some inherent risk in Rock Springs outdoor activities. If injured during the course of these activities, I will not hold Rock Springs or the group staff responsible. I give permission to Rock Springs 4-H Center, the Kansas 4-H Foundation and the Kansas 4-H Extension program to use pictures taken of me while participating in activities at Rock Springs 4-H Center. I understand these photos may be used for the promotion of Rock Springs and cannot be sold or distributed to any other entity.

Attendee's Signature \_\_\_\_\_ Date \_\_\_\_\_

I specifically agree to hold Rock Springs 4-H Center harmless as to any claim for damages for any accident or injury of any kind resulting from my participation in Rock Springs activities including programs involving horses, and this "hold harmless guarantee" is specifically granted in consideration of the services provided by Rock Springs 4-H Center. I also give medical personnel permission to treat my injuries if I am unable to make the decision for myself.

Attendee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

In case of an Emergency please notify: \_\_\_\_\_ Phone # \_\_\_\_\_