

Medical Form

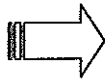


PARTICIPANT NAME _____ **AGE** _____
 Address _____ **Male** **Female**
 City _____ **State** _____ **Zip** _____

IN CASE OF EMERGENCY, CALL:

NAME _____ **Relationship** _____
 Day Phone _____ **Night Phone** _____ **Cellular Phone** _____
Doctor's Name _____ **Doctor's Phone** _____
Insurance Co. _____ **Insurance ID#** _____

We/I give our/my consent to Cogar Educational Services- Adventures West to authorize emergency examinations and/or diagnostic procedures, procurement of medical treatment, emergency surgery and the administration of necessary anesthetics, when in the opinion of any physician or surgeon of good standing such medical treatment is necessary for the mental or physical health of the participant and we/I cannot be reached within a reasonable time to obtain our consent for treatment. We/I either have appropriate insurance or, in its absence, agree to pay all the costs of rescue and/or medical services as may be incurred on my/our behalf.

 **Participant Signature** _____ **Date** _____

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST SIGN BELOW.

 **Parent Signature** _____ **Date** _____

Medical History:

Have you had, or do you currently have: (Circle Yes or No)

- 1. Heart Problems YES NO
 - 2. Allergies (Bees, Drugs, etc.) YES NO
 - 3. Low or high blood pressure YES NO
 - 4. Dizziness, recurrent headaches, fainting YES NO
 - 5. Diabetes YES NO
 - 6. Lung problems or asthma (carry inhaler?) YES NO
 - 7. Back problems YES NO
 - 8. Any known phobias YES NO
 - 9. Any known diseases or illness. YES NO
 - 10. Drugs or medications being taken YES NO
 - 11. Severe abdominal or menstrual pain YES NO
 - 12. Emotional impairment or disability YES NO
 - 13. Epilepsy or convulsions YES NO
 - 14. Recent sprains, fractures, or dislocations YES NO
 - *Are you currently pregnant? YES NO
- Blood Type _____ Date of last Physical Exam _____

DO YOU KNOW OF ANY HEALTH PROBLEMS OR CONDITIONS YOU HAVE THAT WOULD PREVENT YOU FROM PARTICIPATING IN OUR PROGRAMS? YES NO

Immunizations:

Tetanus YES NO UNKNOWN Date: _____ **Hepatitis A** YES NO UNKNOWN Date: _____
MMB YES NO UNKNOWN Date: _____ **Hepatitis B** YES NO UNKNOWN Date: _____

Please explain any items circled YES.




PO Box 166,
Rhododendron, OR 97049
503-622-1855 2adventureswest@gmail.com

Liability Release Form

ACKNOWLEDGEMENT OF RISKS and ASSUMPTION of RISK and RESPONSIBILITY READ BEFORE SIGNING

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AGREE ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Cogar Educational Services-Adventures West staff immediately;
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Cogar Educational Services- Adventures West, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I furthermore give Cogar Educational Services- Adventures West permission to use photographs of me participating in the activities. I also empower them to remove me, or my minor child, from a program at my own expense if my behavior, or my child's, compromises safety, or is determined to be detrimental, by the staff, to the purposes of the program.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

 X _____ Age: _____ Sex: ____ Date: _____
Participant's Signature
Email Address: _____

FOR PARENTS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 at time of registration)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

 X _____ Date Signed: _____
Parent/ Guardian's Signature PRINT NAME **•••COMPLETE BOTH SIDES•••**



Adventures West-
Cogar Educational Services

River Rafting - Clothing List

Much of the comfort and success of any outing lies in how well the participants have prepared before leaving the house. While the summer temperatures on the Deschutes River are generally comfortably warm (or hot!) we have also experienced cold storms and challenging weather. Please follow the clothing list below to ensure your personal comfort for a successful adventure.

For **RAFTING**

As cotton does not insulate well when wet, please bring pile/synthetic clothing for rain, wind and thermal protection. Bring some Duct tape if you're wearing Velcro sandals, to keep them on.

- | | |
|---|---|
| <input type="checkbox"/> Swimsuit and/or shorts (modest) | <input type="checkbox"/> Pile or synthetic sweater |
| <input type="checkbox"/> Nylon shorts to wear over swimsuit | <input type="checkbox"/> Sunglasses with 'leash' |
| <input type="checkbox"/> Hat with a bill – with 'leash' | <input type="checkbox"/> Old tennis shoes (no boots or flip flops) |
| <input type="checkbox"/> T-shirt (for sun protection) | <input type="checkbox"/> Wool or fleece socks – <i>if cold-</i> or neoprene |
| <input type="checkbox"/> Sunscreen and chap stick | |

You will want to have your 'warmies' at the take-out at the end of the trip. This would be a towel, change of dry clothes and maybe a water bottle. It's nice to get comfortable after a fun, wet day on the river! Remember, these extra clothes go in the vehicle that will be at the take-out!

Extras and optionals:

- Neoprene socks and gloves (optional) Recommended for those who get cold easily.
- Wind shell (top and bottom) (optional) Again, for those who get cold easily.
- Waterproof camera (optional)

If challenging weather is predicted:

- Rain/wind shell pants and jacket
- Synthetic or wool cap
- Wet suit or dry suit (optional)
- Synthetic (fleece or pile) sweater or jacket
- Neoprene or wool socks (to wear inside tennies or booties)

Comfort points-

A fresh set of clothes and a small towel in your duffel is nice to have at the end of the day. We'll put them in the 'take-out' vehicle for the end of the day. Remember dry shoes and a towel.

Adventures West will provide life vests and river gear.
If you have clothing questions don't hesitate to call us at (503) 913-2692
Don't forget your, signed *twice*, medical/release form.