Health Information Form

PLEASE PRINT ALL ANSWERS

Please read and complete the entire form, front and back, carefully. You must complete and sign both this form and the Participant Agreement Form in order to participate. Incomplete or missing information and/or signature will prevent participation.

Mail form to: Jerry Nesseth at 13355 SW 76th Avenue, Tigard, OR 97223

Name of Participant: _____ Date of Birth: _____ Age:_____
Height: _____ Weight: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone Numbers (Mobile): _____ (Home): _____

Emergency Contact
Emergency Contact Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Numbers (Daytime): _____ (Evening): _____ (Mobile): _____

Health Insurance
Health Insurance Company: _____ Group/Policy Number: _____
Family Physician Name: _____ Physician's Phone: _____

Health History
Directions: Circle YES or NO if the participant "currently has" or "has a history of" the following. Please provide further detail for all "yes" answers in the blank space provided.
General Medical History
YES or NO Heart problems?
YES or NO Low or high blood pressure?
YES or NO Respiratory problems? Asthma? *(please note if you carry inhaler)*
YES or NO Allergies? *(drugs, bees, food, etc.)* Please specify what you are allergic to?
YES or NO Dietary restrictions?
YES or NO Gastrointestinal disturbances?
YES or NO Diabetes?
YES or NO Blood disorders, bleeding, or DVT? *(deep vein thrombosis)*
YES or NO Hepatitis or other liver disease?
YES or NO Neurological problems? Epilepsy? Seizures?
YES or NO Migraines? Describe frequency. Date of last episode, severity:
YES or NO Dizziness, fainting spells?
YES or NO Thyroid trouble?
EXPLAIN ALL YES ANSWERS: _____
_____

Female Participants ONLY:
We are unable to take pregnant women rafting regardless of the state of the pregnancy.

YES or NO Is the applicant currently pregnant?
YES or NO Treatment or medication for menstrual cramps
Other pertinent Health History information:

_____

Muscle/Skeletal Injuries/Fractures
YES or NO Recent sprains, fractures, or dislocations?
YES or NO Shoulder, arm or back injuries?
YES or NO Knee, hip or ankle injuries and/or surgery?
YES or NO Head Injury or surgery? When did the injury/surgery occur?
YES or NO Is there full range of motion?
EXPLAIN ALL YES ANSWERS: _____

_____

What's been your most rigorous activity since the injury? Results? Explain:

_____

Fitness:
YES or NO Does the applicant exercise regularly ?
Activity_____Frequency_____
Intensity Level: _____*Easy* _____*Moderate* _____*Competitive*
YES or NO Does the applicant smoke? If so, how much?_____
YES or NO Is the applicant overweight? Underweight? *(circle one)* If so, how much?_____
Swimming Ability: _____ *Non-swimmer* _____ *Recreational* _____*Competitive* _____

Immunizations:
Date of last time immunized Date
Tetanus (Every 10 years) _____ Mumps, Measles, Rubella _____
Hepatitis A _____ Hepatitis B _____

Medications:
YES or NO Are you allergic to any medications? If yes, please list:_____

_____

YES or NO Presently using any medication (prescription or over-the-counter)? Medication, dosage, side effects, prescribed by, for what conditions?_____

_____

Consent for Treatment
In the event of a medical emergency, I hereby give permission to OAM staff to administer or obtain medical treatment, which may include hospitalization, surgery, ordering of injection, administration of anesthesia, or taking of medication(s) for the minor participant or me. I authorize OAM staff and the third party medical care provider to exchange medical information pertinent to the care sought. I agree to pay all the costs of rescue and medical services incurred on my or the child's behalf.

_____ _____
(Participant's Printed Name) (Participant's Signature)

Participant's Age Date (Month/Day/Year): _____

_____

Parent/Guardian's *(of minor participant - 17 years and younger)* Signature

Participant Agreement

Form Revised 6/29/2017 (Including Acknowledgment and Assumption of Risks and Agreements of Release and Indemnity) Please read this document carefully. It affects the legal rights of participants in the activities of Oregon Adventure Ministries (an Oregon Corporation and referred to herein as "Oregon Adventure Ministries" or "OAM") and their families in the event of an injury or other loss. It must be agreed to and signed by all adult (18 years and older) participants in the activities of OAM. If the participant is a minor, it must be signed by at least one parent or legal guardian of that minor. The parent or guardian (each referred to below as "parent") agrees and signs on his or her own behalf and, to the maximum extent allowed by law, on behalf of the minor child. In consideration of the services of OAM, I, the undersigned, acknowledge and agree as follows: Activities and Risks: The activities of OAM may include whitewater rafting and inflatable kayaking, rock climbing, and rappelling, and camping. Participants will have free time, and may engage in other activities, some of which may not be supervised or scheduled. OAM staff may terminate or modify an activity, or separate a participant from an activity if the participant appears to be a danger to himself or herself or to others. The risks of these and other activities include: the unpredictable forces of nature including extreme heat and cold, rockfall and lightning; river crossings; travel by motor vehicle to and from activities; falling, including while moving other uneven and difficult terrain; the failure of communication and other equipment; the carelessness, including failure to follow instructions, of other participants and OAM staff, and the acts of third persons; risks typically associated with operating or riding in watercraft including obstructions over and under the water, and being thrown from the watercraft; encounters with harmful plants, insects, reptiles, or animals; injury or illness, in a remote environment where medical care may be significantly delayed. The risks described above, and others, including the possibility of negligence of other participants and OAM staff, are inherent to the activities, premises and equipment provided by OAM – that is, they cannot be eliminated without discouraging active participation and destroying the essential nature and the social and instructional value of the activity. These and other risks, inherent or not, can be the cause of loss or damage to equipment or personal injury, illness, and, in extreme cases, permanent trauma and death. Environmental and weather related injuries and illnesses include heat exhaustion, heat stroke, hypothermia, and dehydration and drowning. I am, or the child is, physically and mentally capable of participating in the activities of OAM and I know of no condition that would cause me or the child to be a danger to ourselves or others. I acknowledge that the staff of OAM has been available to more fully explain to me, and to the minor child, if applicable, the nature and physical demands of these activities and the inherent and other risks, hazards, and dangers associated with them. Acknowledgment and Assumption of Risks: Understanding the nature of the activities and their risks and that unanticipated risks may be encountered, I, an adult participant, or parent, acknowledge and expressly assume all risks of the activities, whether or not described above, known or unknown, and inherent or otherwise. If the participant is a minor I have discussed the activities and risks with the child, who understands them and wishes to participate nevertheless. **Release and Indemnity: I HEREBY AGREE TO RELEASE AND NOT TO SUE Oregon Adventure Ministries, Bridging Lines and their respective directors, trustees and staff, including volunteers ("Released Parties") with respect to any and all claims of injury, disability, death, or other loss or damage to person or property, suffered by me or the minor child which arise in whole or part from my or the child's enrollment or participation in an activity of OAM. I FURTHER AGREE TO INDEMNIFY (THAT IS, DEFEND AND PAY OR REIMBURSE ANY CLAIM OR JUDGMENT, INCLUDING COSTS AND**

ATTORNEY'S FEES) THE RELEASED PARTIES and each of them from 1) any claim, including one brought by a member of my or the child's family, arising out of an injury to me or the child and 2) any claim of injury or loss brought by any other person, including a co-participant or rescuer, arising in whole or part from my or the child's conduct. THE CLAIMS HEREBY RELEASED AND INDEMNIFIED INCLUDE THOSE ARISING FROM THE NEGLIGENCE, BUT NOT THE RECKLESSNESS, GROSS NEGLIGENCE OR INTENTIONALLY WRONGFUL ACTS, OF A RELEASED OR INDEMNIFIED PARTY, and include claims of breach of contract, products liability and otherwise, TO THE FULLEST EXTENT ALLOWED BY LAW. Other: I consent to the use by OAM of any photograph, picture, film, or video taken of or by me, or the minor participant, for publicity, promotion, television, websites, or any other use, and expressly waive any right of privacy, compensation, copyright, or other ownership right connected to the same. In the event of a medical emergency, I hereby give permission to OAM staff to administer or obtain medical treatment, which may include hospitalization, surgery, ordering of injection, administration of anesthesia, or taking of medication(s) for the minor participant or me. I authorize OAM staff and the third party medical care provider to exchange medical information pertinent to the care sought. I agree to pay all the costs of rescue and medical services incurred on my or the child's behalf. A suit or mediation arising from a dispute between a Released Party and me, or the child, or anyone acting on behalf of either me or the child, shall be filed and maintained exclusively in the State in which the loss occurred, and in the following county of that State. I, for myself and for the child consent to the jurisdiction of the courts here specified under the circumstances described. In any event, and wherever the suit or mediation is filed, the substantive laws (not including the laws which may apply those of another jurisdiction) of the state in which an alleged loss occurs shall apply to the interpretation of this agreement and to any dispute between me, or the minor participant, and a Released Party. I will pay all costs and attorney's fees incurred by OAM or other Released Party in defending a claim or suit, to the extent the claim or suit is withdrawn by me or the child or a court or arbitration determines that OAM is not responsible for the injury or loss. This agreement is intended to be as broad and inclusive as is permitted by law. If any portion of this agreement is found by a court or other appropriate authority to be invalid, the remainder of the agreement nevertheless will be in full force and effect. This agreement applies to this and all future participation in events and activities of OAM until cancelled or replaced in writing. I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate.

_____ _____

(Participant's Printed Name) (Participant's Signature)

Participant's Age Date (Month/Day/Year): _____

_____

Parent/Guardian's *(of minor participant - 17 years and younger)* Signature