

COMPLETE BOTH SIDES OF THIS FORM:
Return to Camp Bethel, 328 Bethel Road, Fincastle, VA 24090

WILD GUYde Adventures: MEDICAL HISTORY

for caving and rock climbing day-trips

PLEASE PRINT:

Today's Date: _____

Participant Name (last, first) _____

Gender _____ D.O.B. _____

Home Address _____

Phone _____ E-mail _____

Height _____ Weight _____ Do You Swim? _____ Blood Type (if known) _____

Please check any that apply:

- ___ **Asthma** (including *exercise induced*); do you carry an inhaler? _____
- ___ **Allergic reactions**; please specify: _____ Do you carry an Anakit or EpiPen? _____
- ___ **Epilepsy or seizure history**; date of most recent incident: _____
- ___ **Hospitalization/surgery within the last year**; please specify, along with *general* or *local* anesthetic:

- ___ **Regular or recent use of controlled substances** (i.e. prescription medication, recreational drugs, alcohol, tobacco, etc.);
please specify: _____
- ___ **Diabetes**; do you carry insulin? _____
- ___ **Musculo-skeletal condition**; please specify: _____
- ___ **Cardio-respiratory disorder**; please specify: _____
- ___ **Any other known physical limitation**; please specify: _____
- ___ **Corrective or protective devices** (glasses, joint braces, contact lenses, orthodontia, etc.); please specify:

Health Insurance Co. _____ Policy No. _____

Person to notify in case of emergency _____ Home Phone _____
Work phone _____

Address _____ Relationship _____



Staff Review (initials and dates): _____

WILD GUYde Adventures
AGREEMENT TO PARTICIPATE : *Caving & Rock Climbing*



In agreeing to participate in this *WILD GUYde Adventure* experience, ***I recognize*** that the activities of hiking, canoeing, caving, and rock climbing might involve some or all of the following:

- Strenuous travel in rugged natural terrain
- Load carrying (for myself and others)
- Route-finding and navigation challenges in remote areas
- Climbing, crawling, swimming, and walking in places that are high, dark, cold, wet, exposed, or constricted
- Access to advanced medical care that is limited, delayed, or completely absent

I also acknowledge that certain dangers and risks exist. These include, but are not limited to emotional discomfort or bodily injury or death from:

- Equipment failure - Accident while traveling to or from
- Drowning; water that is fast or cold activity sites
- Human error or negligence - Assault by creatures of nature
- Weather-related disaster (snakes, insects, rodents, etc.)

(lightning, cold, heat, high wind, etc.)

- Slips, falls, and other gravity-related mishaps
(loose rocks, unstable terrain, treacherous trails)

I understand that types of injuries and discomforts may include but are not limited to:

- Minor or major bone fracture - Burns (cooking, rope)
- Scrapes, abrasions, lacerations - Head or body bumps and bruises
- Muscle, tendon, or ligament strains or sprains - Hypothermia and frostbite
- Allergic reactions, sickness or disease - Heat-related conditions (heat exhaustion, heat stroke,
- Illnesses and infections sunburn)

I acknowledge the need to follow instructions, to obey rules, to learn thoroughly the practices and precautions of the various activities, and to participate in holding group members accountable to those practices.

I also acknowledge the need for specialized equipment (see equipment and clothing list), and am prepared to outfit myself accordingly. Furthermore, ***I have honestly disclosed*** to *WILD GUYde Adventures* any relevant physical or medical conditions (via the Medical Form).

My signature below indicates my understanding of the inherent risks in this experience, and my continued willingness to participate.

Name (print) Signature Date

Staff Review (initials and dates): _____