



Eagle Bluff Environmental Learning Center ADULT Medical Release Form

► All fields must be completed for participation

SCHOOL/GROUP NAME: _____

Male Female

Last Name First Name Middle Initial Age

_____ (_____) _____
Date of Birth (MM/DD/YYYY) Phone Number

_____ _____
Home Address Email Address

_____ _____ _____
City State Zip Code

Emergency Contact Person _____ Relationship to You _____ Mailing Address (if differs from above) _____ Home Phone (_____) _____ Work Phone (_____) _____ Cell (_____) _____
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Name of Your Insurance Company _____ Policy Number _____ Phone Number (_____) _____
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Allergies & Intolerances: Please list all of your allergies (to medications, insects, food, etc) and explain. **All life threatening allergies must be communicated to your group leader or directly to Eagle Bluff prior to your visit**

Prescription Medications: List all medications you are currently taking and explain:

ADULT

Medical & Behavioral Conditions: Please include all conditions such as diabetes, heart conditions, asthma, ADD, EBD, etc. Also include treatments such as casts, pacemakers, etc. applicable at the time you will be at Eagle Bluff.

Activity Level: Are you able to participate in strenuous activities? _____ Yes _____ No, please explain:

Authorization & Release (please read statement on back of page):

X _____ SIGNATURE	_____ _____ DATE
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NOTE: Failure to sign this form will prohibit you from participating in all Eagle Bluff activities. All medical information is kept confidential and all medical forms are kept for a period of two years. You are invited to request more information about Eagle Bluff programs, facilities, and policies at any time.

_____ I do not wish to receive information about Eagle Bluff.
_____ I deny Eagle Bluff permission to take photos of me.

MEDICAL AUTHORIZATION AND RELEASE STATEMENT

Agreement, Indemnification, and Assumption Of Risk

Message from Joe Deden, Eagle Bluff's Executive Director:

Over the last three years our insurance costs have risen dramatically (300+% increase). We have not had any losses over the same time period to warrant these increases. Our current insurance carrier, Insurance Exchange Brokerage Service, is requiring us to have you - the parent, guardian, or legal aged participant of our classes, specifically the high ropes course, rock climbing wall, or group challenge course – to agree to the following release statement. The statement explains possible risks inherent with completing outdoor activities.

Our goal at Eagle Bluff is to provide safe learning experiences for all our participants. Our high ropes course, group challenge course, rock climbing wall, and all equipment are inspected regularly and are structurally sound. In addition, each participant receives safety instruction and an equipment check by a trained Eagle Bluff staff member. Each course has thousands of users every year and we have never had any major injuries. We adhere to the highest standards of safety and supervision in every class that we offer.

If you have any questions or concerns, please call me personally at (507) 467-2437, extension 104.

By signing the front of this form, I agree to the following...

I acknowledge that my participation in individual and group initiatives, problem solving exercises, and personal growth and development training activities entails known and unanticipated risks that could result in physical or emotional injury, or death to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I also agree to comply with all Eagle Bluff rules and policies and to cooperate with Eagle Bluff personnel. I understand and agree that if I fail to comply with the rules and policies, I may be expelled from Eagle Bluff and sent home at my expense.

I hereby wish to participate in Eagle Bluff activities and further agree to the terms herein contained. I agree to indemnify and hold harmless Eagle Bluff Environmental Learning Center, Inc. (hereinafter collectively referred to as EBELC) from any and all claims, demands, or causes of action which are brought by myself and/or on behalf of myself against EBELC, and which are in any way connected with such use or participation. In the event that I file a lawsuit against EBELC, I agree to do so solely in the state of Minnesota, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I hereby represent that I am in good health, that I have identified all medical conditions associated with myself, and that I have adequately informed EBELC personnel of any special instructions regarding my participation. I certify that I have adequate insurance to cover any injury or damage that I may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I authorize EBELC personnel to call for medical care or to transport me to a medical facility or hospital if, in the opinion of such personnel, I need medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for my health, in their professional opinion. I agree that once I am in the care of medical personnel or a medical facility, EBELC shall have no further responsibility for the situation and I agree to pay all costs associated with such medical care and transportation.