

PLEASE PRINT
ALL ANSWERS

Youth Dynamics

Health Information Form

FOR OFFICE USE ONLY
Group: _____
Date: _____
Form Revised 3/10/13

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.

Participant	Name of Participant _____	Date of Birth (Month/Day/Year) _____	Age _____	Sex _____
	Height _____	Weight _____	Eye Color _____	Hair Color _____
	Parent/Guardian Home Address _____	Parent/Guardian City _____	Parent/Guardian State _____	Parent/Guardian Zip _____
	Parent/Guardian Cell Phone _____	Parent/Guardian Phone _____	Email _____	

Emergency Contact	Address _____	City _____	State _____	Zip _____
	Emergency Contact Name _____	Daytime Phone _____	Evening Phone _____	Cell Phone _____

Health Insurance	Participant's Family Physician Name _____	Physician's Phone _____	
	Health Insurance Company _____	Health Insurance ID Number _____	Health Insurance 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?**
Explain: _____

YES or **NO** **Low or high blood pressure?**
Explain: _____

YES or **NO** **Respiratory problems? Asthma? (please note if you carry inhaler)**
What triggers an attack? Last episode? Ever hospitalized?
Explain: _____

YES or **NO** **Allergies? (drugs, bees, food, etc.) Please specify what you are allergic to? Last episode?**
Explain: _____

YES or **NO** **Dietary restrictions?**
Explain: _____

YES or **NO** **Gastrointestinal disturbances?**
Explain: _____

YES or **NO** **Diabetes?**
Explain: _____

YES or **NO** **Blood disorders, bleeding, or DVT? (deep vein thrombosis)**
Explain: _____

YES or **NO** **Hepatitis or other liver disease?**
Explain: _____

YES or **NO** **Neurological problems? Epilepsy? Seizures?**
Explain: _____

YES or **NO** **Migraines? Describe frequency. Date of last episode, severity:**
Explain: _____

YES or **NO** **Dizziness, fainting spells?**
Explain: _____

YES or **NO** **Thyroid trouble?**
Explain: _____

YES or **NO** **Current communicable disease?**
Explain: _____

Must complete other side ▶

Muscle/Skeletal Injuries/Fractures

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

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:

Immunizations:

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

Cold, Heat, Altitude

YES or NO Frostbite, hypothermia?
Explain: _____
YES or NO Heat stroke or other heat related illness?
Explain: _____
YES or NO Altitude related sickness?
Explain: _____

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?

Over-the-Counter Medications:

Youth Dynamics carries a number of over-the-counter (OTC) medications, especially on our extended trips. These medications are only made available to trip participants under the age of eighteen when parents give consent in writing.

Please select which medications you would like made available if needed.

Or select "YES" to make them all available:

- | | | |
|--|---|--|
| <input type="checkbox"/> YES (Make all available) | <input type="checkbox"/> Anti-diarrhea medicine | <input type="checkbox"/> Naproxen sodium/Aleve |
| <input type="checkbox"/> 100% Aloe vera gel | <input type="checkbox"/> Nasal decongestant | <input type="checkbox"/> Antihistamine/Allergy medication |
| <input type="checkbox"/> Tecnu cream for poison oak | <input type="checkbox"/> Acetaminophen/Tylenol (extra strength) | <input type="checkbox"/> Blistex/Lip ointment |
| <input type="checkbox"/> Hydrocortisone anti-itch creme | <input type="checkbox"/> Ibuprofen/Advil | <input type="checkbox"/> Pepto-Bismol/Indigestion medicine |
| <input type="checkbox"/> Eye wash | <input type="checkbox"/> Children's Aspirin | <input type="checkbox"/> Metamucil/Fiber laxative |

Consent for Treatment

In the event of a medical emergency, I hereby give permission to YD staff to administer or obtain medical treatment, which may include hospitalization, surgery, ordering of injection, administering of anesthesia, or taking of medication(s) for the minor participant or me. I authorize YD 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 Age** **Date (Month/Day/Year)**

Signature (18 yrs & older): _____

Adult (18 years and older) Participant's Signature **OR** Parent/Guardian's (of minor participant - 17 years and younger) Signature



Participant Agreement - Form Revised 12/6/12

(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 Youth Dynamics, Inc. (a Washington not-for-profit corporation operating in Washington, Oregon and Idaho and referred to herein as “Youth Dynamics” or “YD”) 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 YD. 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 YD, I, the undersigned, acknowledge and agree as follows:

Activities and Risks: The activities of YD may include horseback riding and related equine activities, including sleigh and wagon rides; mountain biking and unicycling; whitewater rafting and inflatable kayaking; rock climbing, ice climbing, and mountaineering; backpacking, backcountry skiing, and camping, including winter camping; and high and low Challenge Course activities. Urban activities include tutoring, job training, bible studies, field trips, service projects, gym and other indoor and outdoor games and other youth centered activities. Participants will have free time, and may engage in other activities, some of which may not be supervised or scheduled. YD 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, avalanche, rockfall and lightning; river crossings; travel by motor vehicle to and from activities; falling, including while moving and climbing over ice and snow and other uneven and difficult terrain; the failure of communication and other equipment; the carelessness, including failure to follow instructions, of other participants and YD staff, and the acts of third persons (including hunters); altitude related illnesses; 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, including altitude illness, in a remote environment where medical care may be significantly delayed; and the unpredictable nature of horses. The risks described above, and others, including the possibility of negligence of other participants and YD staff, are inherent to the activities, premises and equipment provided by YD – 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 frostnip, frostbite, heat exhaustion, heat stroke, hypothermia, and dehydration, acute mountain sickness, pulmonary edema, and/or retinal hemorrhage, hypothermia and drowning.

I am, or the child is, physically and mentally capable of participating in the activities of YD 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 YD 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 Youth Dynamics, Inc., Shepherds Staff, Inc., 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 YD. I FURTHER AGREE TO INDEMNIFY (THAT IS, DEFEND AND PAY OR REIMBURSE ANY CLAIM OR JUDGMENT, INCLUDING COSTS AND ATTORNEYS 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 YD 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 YD staff to administer or obtain medical treatment, which may include hospitalization, surgery, ordering of injection, administering of anesthesia, or taking of medication(s) for the minor participant or me. I authorize YD 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: in Washington, Skagit County, in Oregon, Multnomah County and in Idaho, Ada County. Provided however, I agree that a Released Party may at its option cause any suit or mediation filed in Multnomah or Ada County to be transferred to Skagit County, Washington. 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 (Washington, Idaho or Oregon) 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 YD or another 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 YD 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 YD 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 Age

Date (Month/Day/Year)

Signature (18 yrs & older): _____

Adult (18 years and older) Participant's Signature **OR** Parent/Guardian's (of minor participant - 17 years and younger) Signature