

HEALTH INFORMATION: PLEASE FILL OUT COMPLETELY *DOCTOR SIGNATURE NOT REQUIRED*

Do you have, or have you had, any of the following conditions or symptoms?

Current Medical Conditions			Diseases					
1. Bleeding/Clotting Disorders	Yes	No	13. Chicken Pox	Yes	No	If Participant Has Allergies:		
2. Asthma	Yes	No	14. Measles	Yes	No			
3. Diabetes	Yes	No	15. Mumps	Yes	No	23. Do you carry own		
4. Ear Infections	Yes	No	16. Other Diseases	Yes	No	Epi-pen?	Yes	No
5. Heart Defects/Hypertension	Yes	No	Allergies					
6. Psychiatric Treatment	Yes	No	17. Hay Fever	Yes	No	24. Do you carry own		
7. Seizure Disorder	Yes	No	18. Iodine	Yes	No	Inhaler?	Yes	No
8. Immuno-Compromised	Yes	No	19. Poison Oak	Yes	No	Date of last Tetanus shot: _____		
9. Sleep Walking	Yes	No	20. Penicillin	Yes	No			
10. Bedwetting	Yes	No	21. Bees/Wasps/Insects	Yes	No			
11. Other	Yes	No	22. Other	Yes	No			
12. Hospitalized in the last 5 yrs?	Yes	No						

If you have answered "yes" to any of the above items, please explain below. Provide corresponding number.

Question No.	Explanation

Health Questionnaire: (Attach additional pages if necessary to provide complete information.)

Is the participant taking any medication? Yes No Please list all medications** the participant is taking and the purpose of each.

****Please continue to take all medications as prescribed unless otherwise instructed by your physician.**

Is the participant capable of participating in a 5 mile hike? Yes No Are there any restrictions on the participant's physical activity? Yes No

Please describe _____

Does the participant eat **red meat**? Yes No **Poultry**? Yes No **Fish**? Yes No

Does the participant have any **food allergies**? Please specify _____

Does the participant have any **food restrictions**? Please specify _____

Please provide any additional information that is important for us to know to insure the participant has a quality experience.

Name of Physician _____ Telephone Number _____

Medical Insurance carrier _____

Policy #/I.D.# _____ Subscriber Name _____

Additional information attached: Yes No

AUTHORIZATION FOR TREATMENT: PARENT/GUARDIAN MUST SIGN

I agree the above information is correct to the best of my knowledge, and I authorize any adult chaperone or YNI Staff to consent to any X-ray, examination, anesthetic, diagnosis, treatment, and/or hospital care that may be recommended by a licensed physician and/or dentist. For minor illnesses or injuries, I understand that YNI will attempt to contact me at the earliest practicable opportunity. For major illnesses or injuries, YNI will attempt to contact me before the commencement of any medical treatment, unless my child's condition is such that treatment must be commenced immediately before contact with me can be made. Even if I cannot be reached, this authorization remains in full force and effect.

I authorize YNI staff who have received appropriate training to (1) dispense "over the counter" medication, including aspirin, Tylenol, ibuprofen, Benedryl, Neosporin, Pepto-Bismol, and other similar medications; and (2) administer epinephrine via injection for the emergency treatment of anaphylactic shock that may result from an allergic reaction to insect bites, insect stings, food or plants (such as poison oak). This administration is under the direction of YNI's medical director.

I agree to assume full financial responsibility for any medical care/treatment my child may receive.

****MUST SIGN**** Signature of Parent/Guardian Date:

Print Name of Participant: _____ **Date:** _____



****REQUIRED FOR ALL PARTICIPANTS****
ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS
RELEASE AND INDEMNIFICATION

Definitions

I understand that the term “YNI” as used in this document means and includes Yosemite National Institutes, Yosemite Institute, Headlands Institute, Olympic Park Institute, and each of their current and former officers, directors, employees, agents, contractors, and affiliated or related entities; the term “YNI Staff” means and includes any employee or agent of YNI; the term “I” means and includes any participant 18 years or older, or the parent or legal guardian of any participant who is younger than 18 years of age; and the term “Program” means the YNI program in which a participant has enrolled.

Acknowledgment and Assumption of Risks

I understand that during my participation in this Program, I may be exposed to a variety of risks and hazards, foreseen or unforeseen, which cannot be eliminated without fundamentally altering the unique character of the Program. These inherent risks include, but are not limited to, environmental risks and hazards, including rapidly moving, deep, or cold water; insects, snakes, and predators, including large animals; falling and rolling rock; lightning and unpredictable forces of nature, including weather that may change to extreme conditions without notice. Activities vary from program to program, and may include hiking, stewardship activities (eg: plant removal, trail maintenance), backpacking, skiing, snowshoeing, whitewater rafting, rock climbing, or canoeing. Some programs involve travel in YNI vehicles driven by YNI employees. Possible injuries and illnesses include hypothermia, frostbite, high altitude illnesses, sunburn, heatstroke, dehydration, and other mild or serious conditions or injuries. Emergency evacuations and medical care may be delayed due to the remote locations where Program activities take place.

I understand that this description of the risks involved is not complete, and that other unknown or unanticipated risks may result in property loss, injury, or death. As a condition of my participation in the Program, I agree to assume full responsibility for all the risks that such participation may entail. My participation in this Program is entirely voluntary, and I elect to participate with full knowledge of the inherent risks.

Consent to Medical Treatment

I understand that if I become ill or injured during the course of the Program and am unable to give my consent to any medical treatment that a licensed physician and/or dentist deems necessary, YNI will make a reasonable attempt to obtain consent for treatment from the Emergency Contact(s), that I have provided, before such treatment is commenced, unless my condition is such that treatment cannot be delayed for that purpose. If treatment cannot be delayed, then I hereby consent to such treatment as a licensed physician or dentist determines is necessary.

Release and Indemnification

In consideration of my participation in the Program and the services and amenities provided by YNI, I VOLUNTARILY AGREE TO (1) RELEASE, DISCHARGE, AND HOLD HARMLESS YNI, TO THE FULLEST EXTENT PERMITTED BY LAW, FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, LOSSES, OR LIABILITIES, INCLUDING, BUT NOT LIMITED TO, CLAIMS FOR PERSONAL INJURY OR DEATH, EVEN IF CAUSED BY THE NEGLIGENCE OF YNI (but not its willful or wanton misconduct), ARISING OUT OF OR IN ANY WAY CONNECTED TO THE PROGRAM OR MY PARTICIPATION IN THE PROGRAM; and (2) indemnify and defend YNI, to the fullest extent permitted by law, from and with respect to any and all claims, demands, liabilities, damages or costs, even if caused by the negligence of YNI (but not its willful or wanton misconduct), arising out of or in any way connected with the Program, or my participation in the Program, or occurring during the inclusive dates of my attendance at the Program, and/or from any medical treatment I may receive during the Program.

Other Provisions

YNI and persons designated by it may use my photograph, or any video, writing, artwork and/or testimonials created by me and submitted to YNI. It shall become the property of YNI, and may be used by YNI, at its discretion, for its own marketing and/or development purposes, and I hereby consent to and authorize such use without restriction.

Agreement

- I have had the opportunity to ask YNI any questions I may have about the Program in which I am enrolled, and any questions have been answered to my satisfaction.
- I understand that during some parts of the Program, I will be under the supervision of teachers, chaperones, or other adults who are not YNI Staff. I understand the selection of these adults is the sole responsibility of the school and not YNI.
- I understand that this document is intended by YNI to have as broad an effect as the law permits, and that if any part of this document is found to be invalid for any reason, the remainder of the document shall remain valid and fully enforceable.
- I have carefully read and I understand this entire document, and I am signing it voluntarily.

Name of Participant

At least one parent (preferably both) or guardian must sign below if the student is under 18 years of age to reflect their understanding and agreement, for themselves and on behalf of the student, to the provisions of the definitions, acknowledgment and assumptions of risks, consent to medical treatment, release and indemnification, other provision, and agreement.

_____/_____/_____
 Parent or Guardian Signature Date Parent or Guardian Signature Date