

Common Ground Health and Risk Form

This form will only be used for preventative care, guide and volunteer awareness and emergencies

This form is strictly confidential

Name _____ Date of Birth _____ Age _____

Address _____ City _____

State _____ Zip Code _____ Phone: Day: (_____) _____ Eve: (_____) _____

E-mail Address (please print clearly): _____

Ethnic Origin

- Caucasian
- African American
- Native American
- Hispanic
- Asian
- Other

Physical Description:

- Gender: _____
- Weight: _____
- Height: _____

Adaptive Equipment Used:

- Wheelchair
- Prosthetic limb
- Seeing eye dog
- Walker/Cane
- Hearing Aid
- _____

CONFIDENTIAL HEALTH INFORMATION- please answer thoroughly:

Check all boxes that describe your medical condition/disability:

- Allergy to bee stings
- Amputation
- Autism
- Balance Problems
- Bipolar
- Bowel/Bladder problems
- Cancer
- Cerebral Palsy
- Spinal Cord Injury
- Chemical dependency
- Communicable diseases
- Developmental Disability
- Diabetes
- Down Syndrome
- Dysreflexia
- Hearing Impairment/deaf
- Heart Disease/Defect
- Hemophilia
- HIV/AIDS
- Low vision/blind
- Lung Disease
- Mental Illness
- Multiple Sclerosis
- Muscular Dystrophy
- Seizure Disorder/Epilepsy
- Spina Bifida
- Stroke
- TBI/Head injury

Please explain in detail any other medical conditions: _____

Describe medications you are currently taking (attach separate sheet if necessary): _____

Describe any food allergies or dietary restrictions? _____

EMERGENCY INFORMATION:

Health insurance company: _____ Policy # _____

Physician: _____ Phone # _____

Relative or close friend: _____ Relationship: _____

Phone: Day (_____) _____ Evening: (_____) _____

MEDIA RELEASE FORM

Name _____ Age _____ Male _____ Female _____

(PLEASE PRINT CLEARLY)

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Common Ground to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending an event. I further agree that Common Ground may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
Signature of Participant/Guardian _____ **Date** _____

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Common Ground Outdoor Adventures, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "CGOA"), I hereby agree to release, indemnify, and discharge CGOA, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in outdoor adventure based and other recreational activities including but not limited to: hiking, biking, camping, river trips, skiing, climbing walls, fishing, canoeing, rafting etc., entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage 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.

The risks include, among other things: slips and falls; falling objects; the hazards of walking on uneven or rough terrain; collision with fixed or movable objects or people; accidents involving other bicycles or vehicles; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures; musculoskeletal injuries including head, neck, and back injuries; exhaustion; exposure to temperature and weather extremes which could cause: hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration, frostbite, frostnip; avalanches; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; rope burns; the use of climbing ropes and equipment; equipment failure and/or operator error; water hazards; whitewater; boat capsizes; accidental drowning; exposure to cold water can result in cold shock, hypothermia and in extreme cases death; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; the negligence of other climbers, visitors, participants, or other persons who may be present; and improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity.

Furthermore, CGOA employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction or fail.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless CGOA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of CGOA's equipment or facilities, **including any such claims which allege negligent acts or omissions of CGOA.**

4. Should CGOA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against CGOA, I agree to do so solely in the state of Utah, 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.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CGOA on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name)
("Minor") being permitted by CGOA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless CGOA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____

CONFIDENTIAL INCOME SURVEY
The information you provide on this form is STRICTLY CONFIDENTIAL.
It assists us in receiving grants and demonstrating need for our programs.

Which City do you live in? _____ County _____

1. How many families currently reside at your address? _____ (Please only fill out the form for your family)
2. How many persons are in your family? _____
3. What is the total current combined income of all family members living at this address (including any related, dependant persons over 62 or working children over 18)? Please mark with an "X" or circle the closest number to your income.

Annual income includes the following: Gross amount of wages and salaries before any payroll deductions of all members of the household. The net income from operation of a farm, business or profession. Interest, dividends, social security and pension payments, workers compensation, unemployment, military pay and welfare payments. Income should **NOT** include food stamps, insurance reimbursements, irregular gifts, or scholarships.

- | | | | |
|-----------------------------|-------|-----------------------------|-------|
| less than \$11,650 per year | _____ | less than \$29,950 per year | _____ |
| less than \$13,300 per year | _____ | less than \$32,200 per year | _____ |
| less than \$15,000 per year | _____ | less than \$34,400 per year | _____ |
| less than \$16,500 per year | _____ | less than \$36,650 per year | _____ |
| less than \$18,000 per year | _____ | less than \$39,950 per year | _____ |
| less than \$19,300 per year | _____ | less than \$44,400 per year | _____ |
| less than \$20,650 per year | _____ | less than \$47,950 per year | _____ |
| less than \$22,200 per year | _____ | less than \$51,500 per year | _____ |
| less than \$22,500 per year | _____ | less than \$55,500 per year | _____ |
| less than \$25,000 per year | _____ | less than \$58,600 per year | _____ |
| less than \$27,750 per year | _____ | more than \$58,600 per year | _____ |

Signature

Date

Printed Name