



Outdoor Adventures

Participant Information

Medical and Waiver Form

PART 1 GENERAL INFORMATION

PARTICIPANT	Address: _____
Legal Name: _____	_____ APT# _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	City _____ State _____ Zip _____
Z number: _____	Cell Phone #: _____
EMERGENCY CONTACT	E-mail: _____
Name: _____	Daytime Phone #: _____
Relationship: _____	Evening Phone #: _____
E-mail: _____	Cell Phone #: _____
INSURANCE INFORMATION	If you do not have health insurance, please complete the No Insurance Addendum.
Insurance Company: _____	Policy/Certificate # _____
	Group # _____

PART 2 HISTORY: PAST AND PRESENT MEDICAL INFORMATION

A. Allergies- Including allergies to medications, foods, insect bites/stings

Allergy List Below	Reaction	Medication Required

B. Medications You Are Currently Taking- List any you are taking including over the counter, prescription, inhalers, herbal, etc.

Medications	Dose	Taken For	Current Side Effects

C. Dietary Restrictions

Vegan	<input type="checkbox"/> yes <input type="checkbox"/> no	Kosher	<input type="checkbox"/> yes <input type="checkbox"/> no
Vegetarian	<input type="checkbox"/> yes <input type="checkbox"/> no	Other: _____	
Gluten Free	<input type="checkbox"/> yes <input type="checkbox"/> no		

D. Conditions:

Have you experienced an asthma attack at any time in your life?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever been diagnosed with type I or type II diabetes?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever visited a medical professional for a serious allergic reaction, or have you ever been given a shot of epinephrine for an allergy or anaphylaxis?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever received medical treatment for angina, a heart attack, any type of heart disorder/disease, or high blood pressure?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever seen a medical professional following a seizure, or are you currently being treated for any type of seizure disorder?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you had broken bones or joint injuries that cause recurring problems?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are you currently pregnant?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you been diagnosed with any other medical condition that FAU's Outdoor Adventures staff members should be aware of?	<input type="checkbox"/> yes <input type="checkbox"/> no
If you checked "YES" to any question above, please provide additional information in this space:	
<i>FAU Outdoor Adventures reserves the right to require evaluation and release from a qualified physician prior to your participation in any activities.</i>	

E. Signature- Information provided on this form will only be shared with necessary staff, including but not limited to Camp Owls Trip Leaders, and by signing below you are authorizing disclosure of the information provided to necessary staff prior to your participation in any Campus Recreation events. Failure to disclose information or providing inaccurate medical information could result in serious harm to you.

By signing this document I hereby give permission for FAU Campus Recreation to provide this form to necessary FAU staff, as well as any professional medical provider or emergency response personnel in the event of an accident/injury. In the event of an emergency, I hereby consent to any necessary treatment as determined by a qualified medical professional or emergency first responder for all emergency anesthesia, operation, hospitalization or other treatment that may be, in the judgment of the health care provider, necessary. And I agree to be responsible for the costs associated with any medical treatment. I certify that this medical record is complete and accurate to the best of my knowledge and that I have made no attempt to conceal information.

Participant' Signature **Date**

Parent/Guardian Signature (if under 18)

Student Travel Code of Conduct

The following policy applies to all persons traveling to meetings, conferences, retreats, athletic events, humanitarian or community service missions, or other travel activities (referred to herein as “trips”) using Florida Atlantic University funds or as a member of an FAU recognized student organization. This policy applies whether this travel is within the counties served by FAU or to an external destination. Individuals not signing this policy will not be approved for travel.

The Division of Student Affairs stresses the importance of individual and student organization responsibility pertaining to the use of alcohol/drugs. Neither alcoholic beverages nor non-prescription drugs may be transported or consumed during trips. The use of alcohol/drugs during trips will not be tolerated.

In addition, the sponsoring student organization and individuals will be held responsible for their actions during their travels. Abuse of alcohol/drugs or other irresponsible behavior can adversely affect the status of the organization and student status for future travel plans when these lapses in judgment are foreseeable and preventable by the officers and others attending the event. The Division of Student Affairs expects such situations to be reported to the student organization advisor and Dean of Students Office immediately.

I understand that when I travel using Florida Atlantic University funds or as a member of an FAU recognized student organization, I may be spending student or university funds entrusted to the Division of Student Affairs, Student Government, and student organizations. I accept the responsibility to be a good steward of those funds. I also understand that I will be viewed as a representative of Florida Atlantic University, and that my behavior will reflect upon the entire University. I accept the responsibility of being a positive representative of the University.

In light of these responsibilities, I agree to abide by the following policies:

- I will be familiar with and obey any and all of the rules established for the trip, including the FAU Student Code of Conduct (Regulations 4.007), as well as all professional and behavioral standards of my college or academic program. I will obey all applicable laws, including those that relate to alcohol consumption and illegal drug use and drug-related activities, as further described in Regulation 4.007.
- I will attend all scheduled meetings, conference sessions, and activities related to the travel. I understand that failure to participate in the trip due to last minute cancellations may result in me having to repay all travel expenditures (if any) made by Florida Atlantic University on my behalf.
- I will not consume alcoholic beverages unless I am 21 years of age or older. I will not abuse alcoholic beverages, regardless of my age, and I will not use illicit drugs. I will not consume alcoholic beverages, regardless of my age, if such use is banned by my advisor or organizational leadership.
- I will operate motorized vehicles legally and responsibly. I will drive within the posted speed limits, wear a seat belt and require passengers to do the same in accordance with the laws of the state in which I am traveling. I will not operate a vehicle if I have consumed any alcohol and will not allow alcohol, illicit drugs or weapons in the vehicle. I will operate only motorized vehicles for which I have a current, unrestricted license and will only use vehicles that are properly licensed and with current motor vehicle inspections. I will provide a copy of their license and automobile insurance prior to departure.
- I will not spend money or make monetary commitments on behalf of the organization or the University without following proper procedures.
- I will not provide transportation to persons not approved for travel.
- I will dress appropriately for the setting. I will interact professionally and responsibly with other participants at the event.

I also understand that it is the responsibility of everyone traveling to uphold these policies. If I violate them, the advisor and/or the most senior member of the organization present may take steps to protect the reputation of the University and mitigate its liability.

Those steps may include:

- Requiring that I return to campus prior to the end of the trip at my own expense;
- Banning me from further participation in the trip; and
- Referring me to the Office of Associate Vice President and Dean of Students.

If I am referred to the Office of Dean of Students, I understand that I may be subject to student code of conduct actions and sanctions for breach of professional or behavioral standards of my college or academic program, including but not limited to:

- Requiring that I repay travel expenditures (if any) made by FAU prior to travel, including but not limited to, the cost of travel (airline tickets and/or share of vehicle rental/fuel; prepaid accommodation expenses, conference fees, etc.);
- Banning me from recovering out of pocket expenses related to the travel; and
- Disciplining me upon return to campus, which may include but is not limited to:
- Banning me from future FAU-funded travel;
- Removing me from the student organization and/or leadership in the organization; and
- Adverse action by my college or academic program.

Emergencies: In case of a personal emergency I will contact a professional staff immediately. Any additional travel expense done without the prior approval of professional staff will be my responsibility. If I must alter my travel plans due to emergency, I agree to be responsible for all associated costs incurred.

Print Name: _____

Trip Name: _____

Florida Atlantic University
Outdoor Adventures
Adventure Trip
Informed Consent and Release of Liability

In consideration of participating in domestic and international trips, activities, and related events (hereinafter referred to as the "Trip") as a participant of the Florida Atlantic University's Outdoor Adventure Trip Program:

I, _____, hereby acknowledge that I am solely responsible for my present health and fitness and my ability to participate in strenuous activity. I will participate in all activities during the Trip, except for those that I elect to forego due to any present health or physical limitations. Should an accident or emergency occur that renders me unable to communicate, I hereby give permission to the medical providers selected by FAU Outdoor Adventures Staff to hospitalize and/or secure proper treatment for me. FAU Campus Recreation reserves the right to limit participation in its programs based on medical, safety, or other reasons.

In agreeing to participate in the Florida Atlantic University (FAU) Trip, I may take part in adventurous activities. These activities may include, but are not limited to domestic and international travel, hiking, camping, backpacking, swimming, snorkeling, SCUBA diving, kayaking, rock climbing, stand up paddle boarding, biking and surfing. I recognize certain risks and dangers exist in these activities. These risks include, but are not limited to: loss or damage of personal property; mental or emotional distress; injury or fatality, falling from heights, allergic reactions to foods, flora or insects, exposure to temperature extremes or inclement weather, sun hazards, and equipment failure. I further understand that while on the Trip I will be visiting locations and interacting with persons that are not associated with or under the control or supervision of FAU. I acknowledge that my participation is voluntary. I have had ample time to read and understand this Informed Consent & Release. I have had the opportunity to ask any questions before participating.

I have read and understand the risks listed above and agree to take an active part to protect myself and my fellow participants during the Trip. I also understand that I should participate at a level and a pace that I am physically and emotionally prepared for and to not attempt activities that are above my skill level. I have also informed the staff of any medical conditions (including but not limited to pregnancy, heart conditions, back conditions, diabetes, allergies, asthma, epilepsy, recent or reoccurring injuries or surgeries) and any other factors which might interfere with my ability to safely participate, or that might aid medical responders in the event I am injured. I understand and agree that if I am allowed to participate after disclosing such conditions or factors, that I assume the risk of same and am not relying on anyone at FAU to handle or manage such conditions or factors in the event a situation should arise. If I am injured, I will immediately alert staff to the situation.

It is the sole responsibility of each participant to participate only in those activities for which he or she has the prerequisite skills, qualifications, preparations, and training. The undersigned acknowledges that FAU does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader or individual participant in any outdoor program or recreational activity. I acknowledge that I am solely responsible for any hospital, evacuation, or other costs arising out of any bodily injury or property damage sustained through my participation in the Trip.

The undersigned hereby acknowledges that participation in the Trip involves an inherent risk of physical injury and assumes all such risks. The undersigned agrees to waive liability, release and forever discharge Florida Atlantic University Board of Trustees and the State of Florida, its members individually, its officers, agents, employees and volunteers (the "FAU Parties") from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from my participation in or in any way connected with the Trip, **INCLUDING WITHOUT LIMITATION THOSE CAUSED BY THE NEGLIGENCE OF THE FAU PARTIES OR OTHERWISE.** I further covenant and agree that I will not sue the FAU Parties for any claim for damages arising or growing out of my voluntary participation in the Trip and agree to defend, indemnify and hold harmless the FAU

Parties from any judgment, settlement, loss, liability, damage, or costs, including court costs and attorney fees, which the FAU Parties may incur as a proximate result of any act or omission on my part during my participation in the Trip.

I further agree to comply with all applicable laws and ordinances, as well as with all FAU regulations, rules, policies and procedures during the Trip, including without limitation any travel to, from or during the Trip. I understand that my behavior and conduct must remain consistent with the University Student Travel Code of Conduct and all professional and behavioral standards of my college or academic program. I understand that any violations of the University Student Travel Code of Conduct or of any professional or behavioral standards of my college or academic program in any way relating to the Trip may subject me to disciplinary action by FAU, including but not limited to, loss of privileges and/or dismissal from my college or academic program or the University.

I do hereby consent and agree to allow FAU Campus Recreation the use of my image or likeness in photographs, videos, or audio for educational purposes or promotional purposes, including posting on the Internet or other social media, and to use my name, likeness, voice and biographical information in connection with these recordings. I waive all claims for compensation.

I certify that I am 18 years of age, that I have carefully read and understand this Informed Consent and Release of Liability, and have read and agree to the Student Travel Code of Conduct. I understand that I am giving up substantial rights by signing this agreement. This document shall bind myself, any minors on whose behalf I am signing, and both of our respective estates, heirs, administrators, executors, and assigns. This release shall be construed in accordance with the laws of the State of Florida.

Participant Name: _____ **Age:** _____

Address: _____ **Phone #:** _____

Signature: _____ **Date:** _____

Emergency Contact: _____ **Relationship:** _____ **Phone #:** _____

Signature of Parent/Guardian (if under 18): _____ **Date:** _____

Print Parent/Guardian Name: _____ **Phone #:** _____

Trip Leader Initials: _____ **Date:** _____

Grey area to be used by office personnel only

FAU Outdoor Adventures No Insurance Addendum

PLEASE NOTE: If you have insurance and filled out the information above, you do not need to fill out the section below.

I hereby acknowledge that I have voluntarily signed the Release of Liability, Waiver of Claims, Express Assumption of Risks, and Hold Harmless Agreement required for participation in the activities of Outdoor Recreation. In executing that Agreement, I understand that Florida Atlantic University does not carry medical insurance that covers students and will not be responsible for the cost of any medical issues that arise for Adventure Trip participants.

I have read and understand this FAU Outdoor Adventures No Insurance Addendum. I understand that Florida Atlantic University highly recommends that I carry my own medical insurance during my participation in the FAU Outdoor Adventures Adventure Trip. I understand that Florida Atlantic University does not carry medical insurance that covers me and I assume all responsibility for myself to cover any related expenses.

Signature of Participant

Date

Printed Name