



REGISTRATION, HEALTH SCREEN, AND PARTICIPANT AGREEMENT

PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY AND PROVIDE ALL REQUESTED INFORMATION LEGIBLY AND IN INK. BE SURE TO SIGN AND DATE WHERE INDICATED ON THE LAST PAGE. INCOMPLETE AND/OR UNSIGNED FORMS MAY DELAY OR PRECLUDE PARTICIPATION IN THE PROGRAM. PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN FOR MINOR CHILDREN.

Participant Name: _____ Date of Birth: _____ Grade: _____

Gender: _____

Address: _____ (_____) _____
 Street City State Zip Email Telephone

Participant is a: Minor Self Teacher Parent/Chaperone

Name of Parent(s) or Legal Guardian (s) (if Participant is a minor): (1) _____ (2) _____

Name of School: _____ Name of Head Teacher or Group Contact: _____

EMERGENCY CONTACTS – Parent or Legal Guardian must be provided as first emergency contact

(1) Name _____ Relation _____ Email _____

Day Phone _____ Evening Phone _____ Cell Phone/Pager _____

(2) Name _____ Relation _____ Email _____

Day Phone _____ Evening Phone _____ Cell Phone/Pager _____

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

This information will only be used by NatureBridge staff to help support Participant on Program

Does the Participant have, or has the Participant had, any of the following conditions or symptoms? Specify any issues on next page.

Medical Information		12. Hearing problems or ear infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies	
1. Any serious medical illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Vision or other eye problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Food (specify on next page)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Any surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Sleep Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Bees/Wasps/Insects	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Bleeding/Clotting/ Anemia or any other blood disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Bedwetting	<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Medication allergies (specify on next page)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Asthma, wheezing or other lung problem	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Hospitalized overnight in last 5 yrs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	25. Iodine	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	26. Seasonal allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Irregular heart rhythm, heart defect or other heart problem	<input type="checkbox"/> Yes <input type="checkbox"/> No			27. Other allergies (specify on next page)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Kidney problem	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diseases		If Participant Has Allergies	
8. Liver disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	28. Do you carry your own Epi-pen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Mental, emotional or behavioral issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	29. Do you carry your own inhaler?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Seizures or fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Impaired immune system	<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Other Diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If you have answered "yes" to any of the above items, please explain below. Provide corresponding number. (Attach additional pages if necessary.)

Question Number	Explanation
22. Food allergies	
27. Other allergies	

1. Does the Participant have any food restrictions? Yes No If yes, please specify _____
2. Is the Participant taking any medication? Yes No

Please list all medications Participant is taking and the condition for which each medication has been prescribed.**

Medication	Condition

****Participant must continue to take all medications during the Program unless otherwise directed by Participant's physician.**

3. Is Participant capable of participating in a 5 mile hike with up to 2,000 feet of elevation gain? Yes No
4. Are there any restrictions on Participant's physical activity? Yes No
If yes, please describe _____
5. Please provide any additional information that you believe we should know to help us provide a quality experience for the Participant.

Note: NatureBridge staff may contact Participant/Parent/Legal Guardian with questions regarding any of the above matters in advance of the Program.

Name of Physician _____ Telephone Number _____

Medical Insurance Carrier _____

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

Additional medical or insurance information attached: Yes No

**PARTICIPANT AGREEMENT
(INCLUDING ASSUMPTION OF RISKS, RELEASE AND INDEMNIFICATION)
REQUIRED FOR ALL PARTICIPANTS**

PLEASE READ THIS ENTIRE AGREEMENT CAREFULLY. IT AFFECTS THE LEGAL RIGHTS OF PARTICIPANTS AND THEIR FAMILIES IN THE EVENT OF AN INJURY OR OTHER LOSS.

All Participants age 18 and older, including all teachers and chaperones, (referred to as "Adult Participants"), must sign this Participant Agreement. At least one parent or legal guardian (both referred to as "Parent") must sign on behalf of themselves individually as well as on behalf of their minor child or ward (referred to as "Minor Participant"). The term "I" as used in this Participant Agreement refers to the Adult Participant and/or Parent. The term "Program" refers to the NatureBridge program in which a Participant has enrolled.

In consideration of the Program, services, benefits and amenities provided by NatureBridge, a California Non-Profit Public Benefit Corporation, I hereby understand, acknowledge and agree as follows:

Activities and Risks

Activities vary from program to program, and may include hiking, stewardship activities (for example, plant removal and trail maintenance), backpacking, skiing, snowshoeing, snorkeling, kayaking, canoeing, and other water craft

excursions. Some programs involve travel in NatureBridge vehicles driven by NatureBridge employees. I understand that the Program exposes Participants to a variety of risks and hazards, foreseen and unforeseen, some of which are inherent and 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; plants; insect stings and bites; snakes, and predators, including large animals; falling and rolling rock; lightning; tree and tree limb fall; and unpredictable forces of nature, including weather that may change to extreme conditions without notice. Possible injuries and illnesses include allergic reactions, including, anaphylaxis; hypothermia; frostbite; high altitude illnesses; sunburn, heatstroke, and dehydration; infectious diseases such as Lyme disease, norovirus, plague or hantavirus; musculoskeletal injuries; and other possible serious conditions or injuries, including death. Emergency evacuation and medical care may be delayed twenty-four (24) hours or more due to the remote locations of some Program activities.

Assumption of the Risks

I understand that the description of the risks involved in NatureBridge activities set forth above is not complete, and that other risks may result in property loss, personal injury, or death. On behalf of myself and my Minor Participant (if applicable), I agree to assume, to the fullest extent permitted by law, all risks of participation in the Program, whether known or unknown, and whether or not such risks are described above. I understand that participation in the Program is entirely voluntary, and I consent to participation with full knowledge of the possible risks of such participation. If the Participant is a minor child, I have discussed the Program activities and risks with them, and confirm that the child wishes to participate in the Program.

Release and Indemnification

I, an Adult Participant or Parent of a Minor Participant, for myself and on behalf of such Minor Participant, agree to release, indemnify, protect, and hold harmless, and promise not to sue, NatureBridge and/or any of its officers, directors, employees, agents, contractors, and insurers (the "Released Parties"), to the maximum extent permitted by law, with respect to any and all claims, demands, damages, attorneys' fees, litigation costs, losses, or liabilities, including, but not limited to, claims for property loss, personal injury and/or wrongful death, which I or my Minor Participant may suffer, arising out of or in any way related to my, or my Minor Participant's, participation in the Program. The claims hereby released and indemnified against include those caused by or arising from the negligence of a Released Party, or any of them.

Medical Authorization

I represent that the medical information I have provided above is current, accurate and complete.

I authorize NatureBridge staff to administer first aid, including, where permitted by applicable law, the administration of epinephrine by auto-injector, as well as the administration of "over the counter" medications, including aspirin, Tylenol, ibuprofen, Benadryl, Neosporin, Imodium, laxatives and similar medications. If my Minor Participant has a known life-threatening allergy, or if I have been advised by a health-care provider that the Minor Participant should be prepared for a possible serious allergic reaction, my Minor Participant has been provided with auto-injectable epinephrine and has been instructed by a physician as to its use; in addition, I have instructed my Minor Participant to have the auto-injectable epinephrine on their person and available at all times during the Program. If my Minor Participant is enrolling in the Program as part of a school or other group, I have also informed the person in charge of the school or other group of this allergy and any applicable physician -prescribed protective measures. I confirm that I have, or my Minor Participant has, the ability to hike up to 5 miles per day with up to a 2,000 feet elevation gain without presenting a risk of harm to myself, my Minor Participant, and/or others. I authorize any adult chaperone or member of NatureBridge staff to obtain medical care for my Minor Participant (or for me, if I am unable to consent), and hereby consent to any X-ray, examination, anesthetic, diagnosis, treatment and/or hospital care that may be recommended by a licensed physician and/or dentist. In the event of minor illnesses or injuries, I understand that NatureBridge will attempt to contact me at the earliest practicable

