



# Meramec Adventure Learning Ranch

## PARTICIPANT HEALTH HISTORY FORM

MERAMEC ADVENTURE LEARNING RANCH

Participant Name:  Email Address:

Address:

City/State/Zip:

Phone: Day:  Evening:

Gender: Male Female Date of Birth:

Emergency Contact Name:  Relationship:

Phone: Day:  Evening:

Current medications & other medical alert information:

Allergies:

**Are you younger than 18 years old?** . . . . . YES NO  
If YES, you need to have a parent/guardian sign the *Release of Liability and Medical Release Form* in order to participate.

**Do you require an inhaler for Asthma attacks?** . . . . . YES NO  
If YES, it is your responsibility to make sure that your prescribed inhaler is readily available during the program.

**Are you allergic to bee stings or other insect bites?** . . . . . YES NO  
If YES, it is your responsibility to make sure that your prescribed medication or shot(s) are readily available during the program.

**Do you have Diabetes?** . . . . . YES NO  
If YES, it is your responsibility to make sure that you have food or prescribed medication readily available during the program.

**Do you have a history of seizures?** . . . . . YES NO  
If YES, do you want an ambulance called if you experience a seizure while participating in this program? . . . . . YES NO

**If you have a history of heart problems or high blood pressure** – You are at risk if you participate physically in this program. There is historical evidence that some individuals with pre-existing heart conditions have suffered heart attacks and death after participating in a Outdoor Program. Due to the emotional and physical demands inherent to the activities, you may be jeopardizing your health and well being if you choose to fully participate. You should consult your physician prior to attending the program.

**If you are pregnant** – You and your unborn child are at risk if you participate physically in this program. Unintentional impacts to your abdomen can occur during many of the activities that involve physical contact. If climbing is a part of your program, you will be required to wear a harness that puts pressure on your abdominal area and back. Due to the types of physical demands inherent to the activities, you may be jeopardizing your health and well being, as well as the health and well being of your unborn child, if you choose to fully participate. You should consult your physician prior to attending the program.

**If you are recovering from broken bones, dislocated joints, sprains, strains, back or neck injuries -**  
You are risking re-injury if you participate physically in this program. You should consult your physician prior to attending.

**If you have an enlarged organ, are a transplant recipient, or have Downs Syndrome** – You are risking injury to weakened areas of your body. You should consult your physician prior to attending the program.

*Participating in this program may involve bending, twisting, lifting, running, jumping, climbing, increased heart or breath rates and physical contact with others. Unexpected strains or jolts to your body can occur.*

**Do you have any concerns that might limit your participation in physical activity?** . . . . . YES NO

If YES, please explain:

*Great Circle recommends that you do not physically participate in activities that you think might put you at risk. If you are concerned, your Facilitator can provide you with a less physical way to stay involved.*

**Do you anticipate needing physical assistance from us during your participation?** . . . . . YES NO

If YES, what can we do to assist you?

**Do you have any current mental or psychological conditions requiring medication, treatment, or special considerations?**  
YES NO

If YES, please explain:

**Do you have a current tetanus shot?** YES NO If YES, date of last inoculation:

**If you have any questions regarding your program, please contact the Great Circle office.**



# Meramec Adventure Learning Ranch

## PARTICIPANT AGREEMENT/ RELEASE FORM

Participant & Parent / Guardian Name (please print):  /

**Please check and sign below to indicate that you have read, understood, and agree to the statements on this form.**  
*Parents/Guardians/Legal Representatives should check and sign on behalf of participating Minors after discussing each section with them, indicating that both the Minor and the Parent/Guardian/Legal Representative agree to each section.*

**I am aware that participants might be photographed and/or videotaped during activities,** and authorize such photographs and/or videotapes to be used by Great Circle in training, marketing, fundraising or related promotional uses at any point in the future. I understand that my name will *not* be used and/or published in any way, and that I will *not* receive compensation for the use of such photographs and/or videotapes. I understand this consent remains in effect indefinitely unless I notify Great Circle in writing that this consent is to be discontinued.

**Agree    Disagree**

**I give my consent to Great Circle employees and to emergency medical personnel to treat me if they deem it to be medically necessary.** I authorize the Great Circle staff to secure such medical advice and services as they feel necessary for my health or well-being. I give permission for emergency anesthesia and/or surgery that might be necessary due to an illness or injury occurring during my participation.

**Agree    Disagree**

*By signing below without checking either box, you are agreeing with each of the two statements above.*

### RELEASE OF LIABILITY

**I understand that Outdoor and Adventure activities are, by their nature, physically and emotionally demanding,** and that participating in the Great Circle program may involve risks such as bending, twisting, lifting, running, jumping, climbing, swinging, increased heart or breath rates, heights of 40 feet or more, and physical contact with others.

**I understand that there are inherent risks at Meramec Adventure Learning Ranch and that some of the activities involve dangers regardless of the care taken by the Great Circle staff and that not all dangers and hazards can be** (i.e. cuts, bruises, scrapes, fractures, falls, fatalities, etc.). I fully understand that there are potential risks and hazards associated with the Meramec Adventure Learning ranch, natural areas, which include bodies of water, falling/fallen timber, ruts and holes, recreational/experiential facilities, and local wildlife and livestock. I am aware that certain risks and dangers exist in the activities that are beyond the control of Great Circle and their employees, and that my presence is voluntary to be in, on, or upon the property.

**I understand that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety,** and agree to notify a Great Circle employee if I have safety concerns. If I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation.

**I understand that the Great Circle staff has the right to deny my participation** and that it is my responsibility as a Participant to follow the safety guidelines and procedures established by the Facilitator(s). If, at any time, I do not understand or have not heard specific instructions given by the Facilitator(s), I realize that it is my responsibility to ask for clarification and/or assistance.

**I state that I am not now under the influence of any chemical substance including alcohol, and that I will not be under the influence of any substance when participating in the Great Circle program.** I realize participating in all outdoor and adventure activities while under the influence of a substance would endanger others and myself.

**I agree to accept financial responsibility for any medical expenses and/or loss of income** not covered by my Insurance Policy that occurs as a result of my participation in the Great Circle program.

**I understand and agree that in the event of any injury, I, the participant, and/or we, his or her legal guardian(s), shall look solely to my/our insurance for recovery.** The effect of this waiver of subrogation is not limited by the amount of such insurance actually carried or required to be carried, to the actual proceeds received after a loss or to any deductible applicable thereto (i.e., the insured party is liable for any and all deductibles in its insurance policies and shall not be entitled to any payment or reimbursement thereof), and the party's failure to carry insurance shall not invalidate such waiver. The foregoing waiver shall apply regardless of the cause or origin of any such claim, including, without limitation, any act or inaction by the participant of the camp or camp staff, administrators, agents, and contractors.

**I understand and assume all dangers and risks (both known and unknown) associated with my participation in the Great Circle program and waive, release and discharge Great Circle and their agents, officers and employees from all claims or causes of action arising from my participation.** I do hereby release Great Circle, and their agents, officers, and employees from any and all liability, even if arising from the negligence of the releases, and agree to indemnify and hold Great Circle harmless for any accidents, injury, loss or damage of property, and from any legal fees that I may ever have as a direct or indirect result of participating in the Great Circle program. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.

**My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin and assigns on my behalf.**

*By signing below I am agreeing that I have carefully read and agree to all of the sections initialed above. I am also verifying that the information listed on the Health History Form is complete and accurate to the best of my knowledge. (Please complete the Health History Form on the other side prior to signing this document).*

\_\_\_\_\_  
PARENT/GUARDIAN/LEGAL REPRESENTATIVE SIGNATURE  
(Required if Participant is 17 Years of Age or Younger)

RELATIONSHIP

DATE