



Museum of Northern Arizona
2010 Ventures Program
Health Form and Risk Waiver

Please complete this form and return it to the Museum within 14 days. The Ventures Program Coordinator will review your information and contact you if additional information is needed. In some instances, a physician's authorization may be required to participate. This information will only be used by Venture Program staff, will be handled with the highest degree of confidentiality, and will not be released to any third party.

Name: _____

Trip Name: _____ **Dates:** _____

Birth Date: _____ **Height:** _____ **Weight:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Emergency Contact: _____ **Relationship:** _____

Phone: _____ **Cell Phone:** _____

Doctor's Name: _____ **Phone:** _____

Do you have medical insurance? Yes ___ **No** ___ **Policy #** _____

Insurance Company Name and Address: _____

Are you currently experiencing or have you ever had any of the following:

	YES	NO		YES	NO
Heart related illness	___	___	Overweight	___	___
Chest pain/pressure	___	___	Currently pregnant	___	___
Frequent shortness of breath	___	___	Asthma/respiratory problems	___	___
Frequent dizziness	___	___	Diabetes/blood sugar problems	___	___
Frequent fainting	___	___	Recurrent/frequent headaches	___	___
High blood pressure	___	___	Ulcer/stomach problems	___	___
Depression/anxiety	___	___	Urinary tract problems	___	___
Smoker	___	___	Muscular/Skeletal problems	___	___
Hepatitis	___	___	Hospitalization/surgery (past year)	___	___
Seizures	___	___	HIV Positive	___	___
Anaphylactic Allergy *	* ___	___	Other _____		

* If you answered yes to anaphylaxis, you are required carry a minimum of 2 Epi-pen kits on all MNA trips.

Please attach an additional sheet with explanations for any question for which you answered "yes". A written clearance from your doctor may be needed in some cases.

List all of your allergies including medications, foods, bites, and stings: _____

Have you ever had an allergic reaction that required:

	YES	NO		YES	NO
Over the counter antihistamine	___	___	Emergency medical treatment	___	___
Injections	___	___	Hospitalization	___	___

Please attach additional information explaining any “yes” answers.

List all your current medications (including over-the-counter drugs):

Medication	Purpose	Medication	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any food preferences that we may be able to accommodate in our food planning:

Please describe your current level of regular exercise: _____

Backpacking trips:

On a six day backpack trip my pack usually weighs: _____ pounds.

MEDICAL RELEASE STATEMENT

I attest to the fact that the above medical disclosure and personal history are truthful and complete. In case of emergency, I understand that every effort will be made to contact immediate family or my physician. In the event that family/physician cannot be reached, I hereby give permission to the physician selected by the MNA staff to hospitalize, secure proper treatment, order injections, anesthesia, and/or surgery for and make other decisions regarding my medical care and treatment.

SIGNATURE: _____ **DATE:** _____

PHOTO RELEASE

I grant MNA permission to use all photographs of my image that are taken during my participation in MNA programs and understand these photos are the property of and copyrighted by MNA and may be reproduced to promote future programs on MNA’s website, brochures, and all other marketing activities associated with and promoted by MNA. I understand my face may be visible in these photographs, but my name will not be printed in photo descriptions or captions. I realize I will not have an opportunity to view these photos or choose which ones are used by MNA. This release does not give MNA rights to any photos taken by Ventures Program participants.

SIGNATURE: _____ **DATE:** _____

ACKNOWLEDGMENT OF RISK & PARTICIPANT RESPONSIBILITY

The nature of outdoor and experiential education involves inherent risks. A MNA staff person certified with Wilderness First Responder or Red Cross First Aid and CPR training accompanies each trip. However, through your registration and participation in any activity sponsored by the Museum of Northern Arizona, you acknowledge that there are risks and danger associated with trail and off-trail hiking (with or without pack-stock support), backpacking, river rafting, kayaking, houseboating, camping, mountain biking, horse packing and riding, llama trekking, rock climbing (roped "technical" or unroped "bouldering"), travel in automobiles, 4WD vehicles, fifteen-passenger vans, buses, aircraft, speed boats, and the risk of injury or illness in remote places without immediate access to emergency or medical help. You acknowledge that there is always an element of the "unknown" on any trip and that not all variables are under the control of guides and trip leaders. Acknowledging these risks, you assume these risks for yourself and any minor children that may be with you. The Museum of Northern Arizona is not liable for the loss or damage that may occur to personal property, including the damage or theft of private vehicles left on Museum premises or other locations during a trip.

As a participant, you are responsible for preparing for a MNA program, including thorough review of provided materials so you are familiar with the purpose, content, schedule, and physical activities involved. You are responsible for bringing the appropriate gear and clothing. For those trips involving physical exertion, you are responsible for your physical condition and the physical demands/expectations of the itinerary. If your medical record or medical needs should change after the date listed below, it is your responsibility to submit a medical update to the Program Manager at a minimum of 30 days prior to the departure date of your program. If any aspect of the program is not clear to you, including physical requirements, itinerary, safety considerations, and backcountry etiquette/hygiene, it is your responsibility to ask questions. The safety and enjoyment of the entire group depends upon your fulfillment of these responsibilities. **BY YOUR REGISTRATION AND SIGNATURE YOU AGREE TO ALL TERMS DESCRIBED HEREIN.**

SIGNATURE: _____ **DATE:** _____