RELEASE, INDEMNIFICATION, AND WAIVER FORM
THIS IS A LEGAL RELEASE -- PLEASE READ IT CAREFULLY

I, the undersigned, hereby acknowledge that I have been advised and fully understand that certain elements of danger are inherent in the activities sponsored by Quiet Heart Wilderness School, which are beyond the control of the instructors, agents, officers, students and employees of Quiet Heart Wilderness School, and that participation in any program activities may entail unavoidable risk of personal injury, death, and loss of or damage to property. These risks include, but are not limited to, insect and animal bites and stings, forces of nature such as but not limited to lightning, and unexpected extreme weather conditions, and any hazard present in the wilderness, such as but not limited to low lying branches, sticks, sharp objects, and slippery surfaces.

I hereby assume all risks of injury and death to myself and loss of or damage to property arising out of my participation in such activity and I agree to indemnify, hold harmless Quiet Heart Wilderness School, its instructors, agents, officers, and employees from and against all claims arising from any occurrence causing damage or injury to myself or to any party participating in said event or any third party injured as a result of my actions. I further agree to repair or reimburse Quiet Heart Wilderness School for any and all damages that I cause Quiet Heart Wilderness School property or the property at which a specific activity is held.

Provided emergency contacts cannot be reached within reasonable time, I hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examination or treatment. I acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

I have read the foregoing and understand the terms and conditions of this Release, Indemnification and Waiver and I agree to subscribe to them.

Participant's Signature:_____Date of Birth: _____

Participants Name:_____
(please print)

Executed at _____, Washington, this _____ day of

_____, 20___.

Adult Student Profile

Briefly describe your outdoor experience.

_____

_____

_____

Please share any concerns, fears or other issues (physical or emotional) we should be aware of. _____

_____

_____

Do you have a criminal history? _____

_____

Any other information you feel will make this a happy and successful experience. _____

Quiet Heart Wilderness School ~ PMB 221 ~ 23632 Highway 99, Ste. F ~ Edmonds, WA 98026 ~ 425 478-3494

MEDICAL INFORMATION FORM

Dated:_____

Student's Name:_____Male___ Female___

AGE:_____

Address:_____City _____Zip

_____

Home Phone: _____Other

Phone:_____

E mail address_____Cell

Phone:_____

Please provide two Personal Reference Contacts Other than Parent(s):

Name:_____ Phones:

_____

Address:_____

__

Name: _____ Phones:

_____

Address:

_____

Please provide two Emergency Contacts Other than Parent(s):

Name:_____ Phones:

_____

Address:_____

__

Name: _____ Phones:

_____

Address:

_____

If there are any personal medical conditions or problems a student may have, Quiet Heart Wilderness School should be made aware of any condition. It is the responsibility of the individual to acquaint Quiet Heart Wilderness School with the existing condition. The information will be held in confidence and used only to render assistance should the need arise.

1. Does student wear a) contact lenses? _____ or b) hearing aid?_____
2. Does student have asthma?_____
3. Does student have any heart conditions or cardiac related health problems? _____
   If yes, please describe: _____
4. Does student have low or high blood pressure? _____
5. Does student have any physical disabilities or limitations? _____
   Please be specific. _____

6. Is student currently on any medication? _____ If so, please indicate specific medication and medical condition: _____
7. Is student allergic to any of the following (please identify):
   Medications:_____ Insect Bites:_____ Foods: _____ Plants: _____ Other: _____
8. Has student ever had frostbite?_____ If yes, where on body?_____
9. Is there any other condition we should be aware of that may endanger, alter or somehow limit student's ability to participate in Quiet Heart Wilderness School programs?_____

HEALTH INSURANCE INFORMATION

Name of Health Insurance Carrier:_____ Group/Plan No. _____ Family Physician: _____ Phone: _____ Date of Last tetanus booster: _____