Date:______________
Group/Leader Name:______________
River/Program Name:______________

Wild Waters Outdoor Center

Medical History Report

Please print and fill out *COMPLETELY*:

PARTICIPANT'S NAME:(please print)____
HOME ADDRESS:____
CITY/STATE/ZIP CODE:____
HOME PHONE:________________________ Email address:______________________
DATE OF BIRTH:_____________________

Do you presently have, or have you ever had any of the following:

Diabetes Yes_____ No_____
Heart Disease Yes_____ No_____
Asthma Yes_____ No_____
Epilepsy Yes_____ No_____
High/Low Blood Pressure Yes_____ No_____
Shoulder Dislocation/Subluxation Yes_____ No_____
Allergies (bee stings, food, etc.) Yes_____ No_____
Do you carry medication and what type?_________________

If YES to BEE STING, please make sure you bring your own bee sting kit!!!

Do you wear contact lenses? Yes_____ No_____

Has your physical activity been restricted or altered during the past 5 years?
Yes_____ No_____
If YES, give reasons why:____

Have you had any recent significant illness or injury or been hospitalized other than already noted?
Yes_____ No_____
If YES, give reasons why:____

Please rate your swimming ability: Beginner_____ Intermediate_____ Expert_____

Are you presently on any medication other than already noted?
Yes_____ No_____
If YES, please explain:____

Do you have any medical problems that might exclude you from participating in vigorous physical activity? Yes_____ No_____
If YES, please explain:____
In case of emergency, please contact (name):___________________________________
Telephone #:___________________________________

Participant Release of Liability and
Assumption of Risk Agreement
*** Read Before Signing***

Adirondack Kayak Touring Company dba Wild Waters Outdoor Center

Participant Name ____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I knowingly and freely assume for all such risks, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others and assume full responsibility for my participation.
3. I willingly agree to comply with the tems and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such attention to the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Adirondack Kayak Touring Company dba Wild Waters Outdoor Center, its officers, officials, agents and/or lessors of premises used to conduct the event, (White Waters Realty Corp.), from any and all claims, demands, losses and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

X____ _________ __________
Participants signature Age Date

FOR PARENT/GARDIANS OF PARTICIPANT OF MINOR AGE (UNDER 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releases, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES, to the fullest extent permitted by law.

X____ ___________ __________________
Parent/Guardian signature Date Emergency Phone Number (s)