

# HEALTH FORM

## Disclosure

ACA programs involve a variety of activities including warm-ups, games, group initiative problems, low ropes elements and hands on application skills training. Some programs may also include other rigorous physical adventure activities such as paddling, swiftwater rescue, swimming, or hiking. These activities are designed to be within the limits of a person who is in reasonable good health. The level of participation in all programs and activities is at all times completely up to the individual.

Safety is a high priority in all programs. In addition, each participant must assume the risk that he or she may suffer an emotional or physical injury and disability. Each participant must have health/accident insurance coverage. The information requested on this form is intended to help alert staff to pre-existing medical conditions. This information will be held in confidence. Please complete the form below and bring it with you on the day of your scheduled program.

## General & Medical Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Do you have health/medical insurance?..... no yes

Name & Address of Company:

\_\_\_\_\_

Do you have any limiting physical or health disabilities - temporary or permanent - that you or your doctor feel would limit your participation in a Landmark activity?..... no yes

Do you have any chronic or recurring injuries?..... no yes

Are you currently taking any medication?..... no yes

Do you have any allergies or reactions to any medications, plants, or insects?..... no yes

Have you had surgery in the past year for any condition which may limit your participation?..... no yes

Do you have asthma?..... no yes

Do you have diabetes?..... no yes

If yes to any of the above, please explain/describe:

\_\_\_\_\_

\_\_\_\_\_

Are you pregnant?..... no yes

Do you have or do you have a history of:

\_\_\_\_ high blood pressure      \_\_\_\_ currently on medication for high blood pressure  
\_\_\_\_ heart palpitations      \_\_\_\_ chest pain or pressure      \_\_\_\_ stroke  
\_\_\_\_ heart attack      \_\_\_\_ heart disease      \_\_\_\_ heart murmur

If yes to any of the above, please explain/describe:

\_\_\_\_\_

\_\_\_\_\_

Please list any other concerns or conditions that may affect your participation:

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*WE STRONGLY RECOMMEND THAT YOU CONSULT YOUR PHYSICIAN OR MIDWIFE IF YOU ARE PREGNANT OR HAVE CHECKED OFF ANY OF THE CONDITIONS ABOVE BEFORE PARTICIPATION IN COURSE ACTIVITIES.*

### **Emergency Contact Information**

Person: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

AMERICAN CANOE ASSOCIATION, INC.  
ADULT WAIVER AND RELEASE OF LIABILITY

revised 1/2006

IN CONSIDERATION of being permitted to participate in any way in the American Canoe Association, Inc. sports and recreation program and related activities ("Activities") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Paddlesports and related Activities and that I am qualified, in good health, in proper physical condition to participate in such Activity and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. If I decide to leave early and not complete the trip as planned, I assume all risks inherent in my decision to leave.

2. FULLY UNDERSTAND that: (a) Paddlesports and related ACTIVITIES INVOLVE RISKS AND DANGERS OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT

NOT TO SUE the American Canoe Association, Inc., its Paddle America Clubs, affiliated clubs and organizational affiliates, their respective ACA certified instructors, certified instructor trainers, and certified instructor trainer educators, administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGE TO PROPERTY, OR OTHER DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Name (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_ ACA # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_ Adult Signature \_\_\_\_\_

Club/Organization \_\_\_\_\_

Adult

## Acknowledgement of Risk and Assumption of Personal Responsibility

I understand that during my participation in the **Dixie National Paddling School at Camps Kahdalea and Chosatonga**, and in all other activities associated with the National Paddling School during May of 2008, I will be exposed to risks. These risks may include, but are not limited to, extensive physical activity, inclement and unpredictable weather, dangers associated with a lake or river environment, transportation, sun exposure, personal injury, loss of or damage to personal property, or even death.

I also understand that although David & Anne Trufant, Inc dba Camps Kahdalea and Chosatonga (Hereafter referred to as Camps Kahdalea and Chosatonga) has taken precautions to provide a safe facility, it is impossible to guarantee absolute safety. I understand that I am responsible for safety on all aspects of the program and in all the activities associated with the program and I assume that responsibility and agree to hold Camps Kahdalea and Chosatonga harmless for any loss, accident or injuries I may be associated with.

I have accepted responsibility to verify with my physician that I have no physical or psychological problems that would prohibit my participation in the program. I agree to comply with the instructions, directions, and rules of Camps Kahdalea and Chosatonga and the Program Leaders during the program. I will notify in writing Camps Kahdalea and Chosatonga and the Program Leaders of any health considerations that I have that might pose a risk to me or to others in the program.

I also agree to abide by the laws of the state of North Carolina specifically in regards to drug, tobacco and alcohol use. I will also refrain from drug, alcohol, and tobacco use while on Camps Kahdalea and Chosatonga property. I understand that failing to comply with these laws/rules might result in being immediately excused from the program without any refund of fees paid.

I understand that I may choose not to participate in any aspect of the program, though I understand this choice may affect my receiving certification.

All participants with the Dixie National Paddling School must understand and voluntarily sign this form on the signature line below in order to participate. If you have any questions, please address them to Camps Kahdalea and Chosatonga prior to signing this form.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print:** \_\_\_\_\_

## Media Authorization

During the course, Camps Kahdalea and Chosatonga, Landmark Learning, the Dixie Division and Instructor Trainers may take photographs, slides, and potentially video footage for use for promotional purposes. I give permission for Camps Kahdalea and Chosatonga, Landmark Learning, the Dixie Division and Instructor Trainers to use any photographs, slides, or video footage in their promotional materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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