

# Northland College Summer Program

## Adult Registration Packet

This Registration Packet must be completed, signed, and returned to Northland College one week prior to the start of your session. You will not be allowed to participate in their session until all necessary paperwork has been completed and submitted to:

Email: soei@northland.edu  
Mail: Summer Programs, Northland College, 1411 Ellis Avenue, Ashland, WI 54856  
Fax: 715-682-1218

Session days missed for incomplete or missing paperwork are non-refundable.

The safety and wellbeing of each participant is of paramount importance to the staff of the Northland College Summer Program. We follow rigorous safety procedures and adhere to the concept of "challenge by choice" to create a safe learning environment for all students. However, all risk cannot be totally eliminated. This Registration Packet includes the following documents that participant(s) will need to closely review, sign, and agree to comply to be eligible to participate in the Northland College Summer Program:

1. Expectation of Conduct
2. Media Release
3. Dietary Requirements
4. Assumption of Risk, Waiver of Liability and Agreement Not to Sue
5. Medical History Form
6. Agreement and Consent for Medical Treatment

### EXPECTATION OF CONDUCT

1. The participant will attend to and follow the directions of the program staff and activity facilitators.
2. The participant will bring any physical safety concerns immediately to the attention of the staff.
3. The participant will avoid behavior that could be harmful to self, others, or property.
4. The participant will refrain from engaging in activities if he or she does not fully understand the activity instructions or the possible consequences of the risk involved in the activity.

### MEDIA RELEASE

The undersigned agrees that images and audio of the participant, taken during Northland College Summer Program activities through video and photos may be used and distributed for publication as deemed appropriate by Northland College without any limitation in space or time, and waives any rights of compensation or ownership thereto.

YES     NO (please check one)

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## DIETARY REQUIREMENTS

Please check the box that reflects your needs. Please take the time to provide us with any other necessary information.

- I have no dietary restrictions.
- I am a vegetarian.
- I am a vegan.
- I am allergic to the following foods: \_\_\_\_\_
- Anything else we should know: \_\_\_\_\_

## ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND AGREEMENT NOT TO SUE

Participating in Northland College Summer Programs requires the participant to be outdoors most of the time or engaged in outdoor adventure activities. Consequently, the participant might be exposed to certain risks due to the activities involved, unpredictable weather conditions, natural hazards, or human hazards. Participation in the Summer Program is entirely voluntary and involves a risk of injury and/or illness due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, contact with other individuals engaged in Summer Program activities, impact against objects, broken or improperly used equipment, weather hazards, environmental hazards, falls, falling objects, and separation from the group during Summer Program activities.

The specific risks vary from minor injuries such as scratches and sprains, to major injuries such as eye injury or loss of sight, broken bones, joint or back injuries, heart attacks, and concussions, to catastrophic injuries including paralysis and death. The following is a partial list of some of the potential hazards and potential resulting injuries inherent to being out of doors and engaging in Summer Program activities. It is not a complete list of all potential injuries:

- Head, neck, and spinal injuries which may result in complete or partial paralysis and/or brain damage due to falls, moving water, or other forces.
- Injury caused by falls or encounters with trauma-producing objects found in camp, nature, in and around vehicles, or elsewhere even while engaged in seemingly mundane, non-threatening activities.
- Drowning and injuries caused by water.
- Injury caused by burns caused by contact with flames from a camp stove, camp or forest fire or lightning.
- Injury caused in an automobile accident, or while loading or unloading vehicles or trailers.
- Illness from venom, rabies, Lyme disease, or other diseases, allergic reactions to insects, animals, plants, etc.
- Injury from hunting related accidents as some activities occur during various hunting seasons.
- Illness or infection.
- Exacerbation of underlying medical conditions, such as epilepsy.
- Injury to soft tissue, bones, joints, ligaments, muscles, tendons, and other parts of the musculoskeletal system.
- Communicable diseases such as cold/flu virus, hepatitis, etc.
- Injury or infection of eyes, ears, and other vulnerable tissues.
- Injury or illness resulting from being lost and separated from the group.
- Injury that results from unanticipated conditions or "Acts of God".

To minimize the risk of injury, the staff needs to be aware of any existing physical, mental, or emotional conditions the participant may have that could in any negative way affect, or be affected by, participation in the activity.

By signing this form, you are stating that the participant and his or her parent(s)/guardian(s) have either informed the director in writing of any existing physical, mental, or emotional condition that could negatively affect or be affected by participation or have none to report. It also signifies that the participant and his or her parent(s)/guardian(s) are: 1) aware of and understand the rules of conduct and potential hazards inherent to the activity, 2) the minor chooses to voluntarily participate, 3) his or her parent(s)/guardian(s) are allowing the minors' participation in the activity with full consent and awareness.

By signing this form, the participants, their parents or guardians, and their respective accompanying heirs, personal representatives, executors, and administrators voluntarily agree to the following:

1. **TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, AND DAMAGE TO PROPERTY** that may be sustained by the participant or parent as a result of training for, or traveling to or from, or participating in any manner in the Summer Program; and
2. **TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE IT FROM ANY AND ALL LIABILITY, & AGREE NOT TO SUE** the person or entity responsible for administering the Summer Program, Northland College, or its trustees, officers, employees, agents, participants, staff, volunteers, subcontractors and any other persons involved in or affiliated with the Summer Program, as well as their successors and assigns (hereinafter referred to as "released persons") from all claims, losses, damages, demands, expenses, attorney fees, breach of statutory duty or duty of care, warranty, strict liability, and causes of action whatsoever, present or future, whether known, anticipated, or unanticipated, and resulting from or arising out of, or incident to, the undersigned's or the undersigned's guardian participation in or traveling to or from the Summer Program, or from the facilities and equipment in place or as a result of, or incident to, the Summer Program, or otherwise following staff instructions anywhere. This release is intended to be the most expansive release allowed under the applicable law. If any part of this release is deemed invalid, illegal or unenforceable in any respect, the enforceability of the remainder of this release and agreement will continue in full force and effect. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including the right to sue.**

**Agreement of Participant (Required):**

Participant Name (please print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MEDICAL HISTORY FORM

## EMERGENCY CONTACT INFORMATION:

Participant Name: \_\_\_\_\_ Gender: \_\_\_\_\_

DOB: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Who is your family physician?

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Clinic/Hospital: \_\_\_\_\_

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

\_\_\_\_\_

Who is your medical insurance carrier?

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone: \_\_\_\_\_

## MEDICAL HISTORY FORM CONT.

Please COMPLETELY fill out the following form by checking yes or no and elaborating when necessary.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you diabetic or have experienced symptoms related to having low blood sugar? If yes, please explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have asthma or have experienced any asthmatic episodes in the past? If yes, do you have an inhaler or other medication to counteract asthmatic symptoms? If yes, please explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have epilepsy or are subject to seizures? If yes, explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you or have you experienced frequent dizziness or are prone to fainting? If yes, explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any allergies (environmental, medical or food)? If yes, please explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you experience frequent nausea or vomiting? If yes, explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had an acute illness, injury, or surgery within the last three months" If yes, explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you experience any emotional disorders such as depression, schizophrenia or phobias such as strong fear of confined places, open areas or heights? If yes, explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a panic disorder or have experienced panic or anxiety attacks? If yes, explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever suffered from environmental injuries such as hyperthermia, hypothermia, frostbite, or immersion (trench) foot? If yes, explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had a reaction to bee stings or insect bites? If yes, do you carry medication to counteract it? (epi pen/anaphylaxis kit) Please explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your activity restricted in any way? If yes, explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently taking any medication? (prescription or non-prescription, vitamins included)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you give Northland College staff permission to administer first aid to you in the event of an emergency?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you give the staff of an accredited hospital, medical center, clinic or similar institution to administer emergency treatment to you in the event of an emergency?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had a Tetanus immunization? If yes, when (date): A complete immunization record is NOT required.

Please document any other medical symptoms or events we should be aware of: \_\_\_\_\_

# AGREEMENT AND CONSENT FOR MEDICAL TREATMENT, USE AND RELEASE OF PARTICIPANT RECORDS

Parent/Guardian Authorizations (Required):

This health history is true and complete to the best of my knowledge. The person herein described has permission to engage in all program activities except as noted. I hereby give permission to Northland College to provide routine health care, administer prescribed medications in accordance with the quantity and dosage noted on this form as well as the Prescription Medicine Instruction Form, and to seek emergency treatment including ordering x-ray or routine tests. I agree to the release of any records for insurance purposes. I give permission to Northland College to arrange for necessary transportation for me/my child.

I provide consent to Northland College to use and or disclose my medical and educational records to staff, administrators and supervisors of the Northland College Summer Programs for health and safety purposes. In the event I cannot be reached in an emergency, I hereby authorize a program health staff, consulting physician or medical provider designated by Northland College to secure and administer treatment, including hospitalization, for the person named above. The completed medical history forms may be photocopied for trips out of camp or by authorized medical treatment centers.

Participants may access their medical and educational records, or request changes thereto, upon written request to the coordinator of the Northland College Summer Programs, and may raise concerns regarding the use of such data with the U.S. Department of Education. Northland College may also use the information provided herein to send marketing, recruitment and other Northland College-related information to participants and their families.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_