



## GAB Participant Forms

We're so excited you'll be joining us as part of the Girls Advisory Board! Keeping you connected to your past experiences with our Girls Wilderness Program through GAB will hopefully be a fun experience for you. Please take a few moments to fill out the following forms. Each form provides us with the most, and best, information to give you a great experience as we participate on activities. Please contact Lori at 303-938-9191, or [lori@womenswilderness.org](mailto:lori@womenswilderness.org) if you have any questions!

### GENERAL INFORMATION

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_  
Evening Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Course \_\_\_\_\_ Dates \_\_\_\_\_

How did you hear about this course and/or The Women's Wilderness Institute? (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Received Catalog in Mail      | <input type="checkbox"/> Past Participant                  | <input type="checkbox"/> Cliff Notes e-newsletter                  |
| <input type="checkbox"/> Internet Search               | <input type="checkbox"/> Table at an Event: _____          | <input type="checkbox"/> Catalog or Flyer in Store<br>Store: _____ |
| <input type="checkbox"/> Friend                        | <input type="checkbox"/> Newspaper Calendar Listing        | <input type="checkbox"/> Clinic at a Store<br>Store: _____         |
| <input type="checkbox"/> Advertisement<br>Paper: _____ | <input type="checkbox"/> Newspaper Article<br>Paper: _____ |  |

What made you decide to join GAB?  
\_\_\_\_\_  
\_\_\_\_\_

### PARENT CONTACT INFORMATION

<u>Parent One</u>	<u>Parent Two</u>
Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Eve Phone _____	Eve Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

### EMERGENCY CONTACT (OTHER THAN PARENTS)

In Case of Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Company Name \_\_\_\_\_ Policy or Certificate # \_\_\_\_\_  
Address of Insurance Company \_\_\_\_\_  
Does the Insurance Company require pre-authorization?  Yes  No If yes, phone # \_\_\_\_\_

# ACKNOWLEDGMENT AND ASSUMPTION OF RISKS & RELEASE AND INDEMNITY AGREEMENT

*For youth and Adult participants*



**PLEASE READ THIS ENTIRE DOCUMENT (hereafter "Document") CAREFULLY BEFORE SIGNING.** The participating child (referred to in this Document as 'participant' or 'child') must sign this Document. One or both of participant's Parent/s or Legal Guardian (collectively referred to in this Document as "parent/s") must also sign, whether the participant is an adult or minor (minors are those under 18 yrs. of age in Colorado). The term "we" refers to both the participant and her parent/s. In consideration of the services of The Women's Wilderness Institute, Inc., and its officers, directors, employees, agents, representatives, volunteers, independent contractors and all other persons or entities associated with it (collectively referred to in this Document as "TWWI"), **we agree as follows:**

The Women's Wilderness Institute contracts with individuals or organizations that are independent contractors (not their employees or agents) to provide some of the services, and to conduct some of the activities participants may engage in. Although the Institute has made efforts to locate responsible contractors, it does not supervise or control these contractors and is not legally liable or responsible for their conduct. In addition, activities may take place at facilities or on premises not owned by, or associated or affiliated with, the Institute. The Institute does not oversee, supervise, or take responsibility for any aspect or condition of these independent facilities or premises. We acknowledge that we may independently inspect and assess any of these contractors, facilities or premises, if we desire.

## **ACKNOWLEDGMENT AND ASSUMPTION OF RISKS**

TWWI educational, instructional and/or adventure and recreation activities can occur inside or outside of Colorado and can be conducted by TWWI staff or independent contractors. These activities can include, but may not be limited to: hiking and peak ascents; backpacking; rock climbing (both outdoors on natural rock or indoors on artificial walls); camping; orienteering; swimming; cross-country or back-country skiing; snowshoeing; high or low element ropes or challenge course activities; skateboarding; indoor sky diving (after school programs only); sports; dance; interactive games or activities; volunteer community service projects and transportation in vans, buses or other vehicles to and from activities (referred to in this Document as "activities"). Activities may be scheduled or unscheduled, structured or unstructured, and include free time. **We acknowledge that the inherent and other risks, hazards and dangers (collectively referred to in this Document as "risks") of these activities can cause injury, damage, death or other loss to participant or others.** Parent/s give permission for their child to participate in all TWWI activities and agree to discuss the nature of these activities and risks with their child. **The following describes some, but not all of those risks:**

**Risks present in an outdoor or wilderness environment.** These risks include travel in high altitude, mountainous or wilderness terrain both on and off trail. Participants' travel may be subject to lightning; strong wind; fast moving rivers or other water bodies; difficult stream and/or snowbridge crossings; falling rocks, ice or objects; extremely hot (geothermal) or cold weather or water; snow and ice; avalanche dangers; falling or fallen timber; stinging, venomous or disease carrying animals or insects; poisonous plants; wild or domestic animals and other natural or man-made hazards. Hazards may not be marked or visible and weather is unpredictable year around.

**Risks involved in decision making and conduct,** including the risk that a TWWI staff member, representative, volunteer, co-participant or contractor may misjudge a participant's capabilities, health or physical condition, or misjudge some aspect of instruction, medical treatment, weather, terrain, water level, or, river and/or terrain route location.

**Personal health and participation risks.** The risk that participant's mental, physical or emotional condition (disclosed or undisclosed, known or unknown) combined with participation in these activities could result in injury, damage, death or other loss. Although TWWI personnel will review participant's submitted health information, TWWI cannot anticipate or eliminate risks or complications posed by participant's mental, physical or emotional condition.

**Risks associated with travel.** Travel can be on foot or by vehicle, skis, snowshoes, or other means and can be over rough and unpredictable terrain, highways or other roads, or via lakes and rivers, in snow, sleet, rain or other adverse weather.

**Risks connected with geographic location.** Activities may take place in remote places, several hours or days from medical facilities, causing potential delays or difficulties in communication, transportation, evacuation and medical care. Although TWWI staff or contractors may have wireless communication devices (including cell or SAT phones) while conducting programs, use of these communication devices in outdoor, mountainous and/or wilderness terrain is unreliable and inconsistent.

**Equipment risks.** The risk that equipment used in an activity may be misused or may break, fail or malfunction. TWWI requires helmets or other safety gear for some activities. Safety gear may prevent or lessen injuries in some instances; however, use of safety gear is not a guarantee of safety, and injury can occur even with the use of this gear.

**Cooking and camping risks.** Risks include gas explosion, scalding or other burns associated with cooking over a gas stove or open fire, and water contamination in natural water sources. Water may be contaminated and must be disinfected or boiled before use.

**Volunteer community service risks.** Participating in volunteer service projects can include risks associated with activities such as building, digging, lifting, painting, construction and clean-up projects. Projects may include the use of tools and equipment (i.e. drills, saws, power tools) that can cause injury resulting from use, misuse or malfunction.

**Risks associated with free time.** Participants may have free time before, during and after the start of a course and at various other times. Unsupervised time may include free time, or time where participant is stationary, alone and possibly overnight in the field for up to 24 hours (solos).

**Risks regarding conduct.** The potential that the participant, or other participants or third parties (e.g. driver, rescue squad, hospital) may act carelessly or recklessly; or that the participant may react adversely or suffer emotional trauma from her participation or for any other reason.

**Other risks** that are generally associated with educational, instructional and/or recreation and adventure activities.

**These and other risks may result in participants: falling partway or falling to the ground, being struck; colliding with or impacting objects or people; experiencing vehicle collision or rollover; reacting to high altitudes, weather conditions or increased exertion; becoming lost**

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or disoriented; suffering gastro-intestinal complications or allergic reactions or experiencing other problems. These and other circumstances may cause hypothermia, hyperthermia (heat related illness), heat exhaustion, dehydration, frostbite, drowning, high altitude sickness, heart or lung complications, broken bones, paralysis, mental or emotional trauma, concussions, sunburn or other burns or other injury, damage, death or loss.

We acknowledge and agree:

- To read, understand and abide by the terms of TWWI forms, and to obey all TWWI rules and policies;
- TWWI staff and volunteers are and have been available should we have further questions about these activities or the associated risks;
- If participant has any mental, physical or emotional condition/s or limitation/s which might affect her ability to participate, we agree to disclose those to TWWI, and represent that participant is fully capable of participating in these activities without causing harm to herself or others;
- TWWI cannot assure participant's safety or eliminate any of these risks, and that during both supervised and unsupervised activities, all participants share in the responsibility for their own well-being;
- Participant is voluntarily participating with knowledge of the risks. Therefore, participant (and her parent/s) assume and accept full responsibility for participant, for the inherent and other risks (both known and unknown) of these activities and for any injury, damage, death or other loss suffered by participant (and her parent/s), resulting from those risks and/or resulting from participant's negligence or other misconduct.

**RELEASE AND INDEMNITY AGREEMENT**

Please read carefully. This Release and Indemnity Agreement contains a surrender of certain legal rights. Certain federal land agencies may restrict service providers from seeking releases of liability for negligence, for injuries or other losses occurring while operating under permit on some federal lands. Therefore, except to the extent a court determines these federal restrictions apply to TWWI as a matter of law, I (adult participant, and/or parent/s, for myself and for and on behalf of my participating child) agree as follows:

1) to release and agree not to sue TWWI with respect to any and all claims, liabilities, suits, or expenses (including attorney's fees and costs) (hereafter collectively "claim" or "claim/s") for any injury, damage, death or other loss in any way connected with my child's enrollment or participation in these activities, or use of any equipment, facilities or premises. I understand that in signing this Document, I, my child, and anyone acting on my or my child's behalf, surrender our respective rights to make a claim against TWWI, for any injury, damage, death or other loss suffered by me or my child;

2) to defend and indemnify ('indemnify' meaning protect by reimbursement or payment) TWWI with respect to any and all claim/s:  
(a) brought by or on behalf of me or a family member for any injury, damage, death or other loss in any way connected with my child's enrollment or participation in these activities, or use of any equipment, facilities or premises; and/or,  
(b) brought by a co-participant or any other person for any injury, damage, death or other loss to the extent caused by my child's conduct in the course of participating in these activities or using any equipment, facilities or premises.

This Release and Indemnity Agreement includes claim/s resulting from TWWI's negligence (but not its gross negligence or willful, wanton or criminal misconduct), and includes claim/s for personal injury or wrongful death (including claim/s related to emergency or medical response, assessment or treatment) property damage, breach or contract or any other claim.

**OTHER PROVISIONS**

We agree that Colorado law (without regard to its conflict of laws rules) governs this Document, any dispute we have with TWWI, and all other aspects of our relationship with TWWI, and that any mediation, suit, or other proceeding must be filed or entered into only in Boulder County, Colorado. We agree to attempt to settle any dispute (that cannot be settled by discussion) through mediation before a mutually acceptable Colorado mediator. We authorize TWWI staff, volunteers, contractors or other medical personnel to obtain or provide medical care for participant, to transport participant to a medical facility and to provide treatment they consider necessary for participant's health. Parent/s agree to pay all costs associated with medical care and transportation and further agrees to the release (to or by TWWI) of any medical records necessary for treatment, referral, billing or insurance purposes. We authorize TWWI and/or parties or entities designated by TWWI, to take the participant's or parent's photo and to use it for sale or reproduction in any manner TWWI desires, for advertising or other use. All negatives and prints are the property of TWWI. TWWI reserves the right to remove any participant from the program that staff believes, in their discretion, presents a safety concern or medical risk, is disruptive, or otherwise conducts herself in a manner detrimental to the program. If participant is dismissed or departs for any reason, participant (and her family) are responsible for any and all costs of early departure whether for medical reasons, dismissal, or otherwise. This Document is intended to be interpreted and enforced to the fullest extent allowed by law. If any portion of this Document is deemed unlawful or unenforceable, it shall not affect the enforceability of the remaining provisions and those remaining provisions shall continue in full force and effect.

**Participant and parent/s each agree:** I have carefully read, understand and voluntarily sign this Document and acknowledge that it shall be effective and binding upon me, my minor children, spouse and other family members, and my heirs, executors, representatives, subrogors and estate. *Participant and one or both parent/s must sign below.*

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

Print Name Here: \_\_\_\_\_ Participant's Age \_\_\_\_\_ Print Name Here: \_\_\_\_\_

## MEDICAL FORM

**THIS FORM MUST BE FILLED OUT ACCURATELY AND COMPLETELY BY PARTICIPANT AND, IF 18 OR UNDER, PARENT OR GUARDIAN.**

Please note: Filling out this medical form honestly and completely is the first step in taking care of yourself during activities. For your safety, it is important that we know as much as we can about your physical condition. Many medical conditions will not prevent you from successfully completing the course, but failure to disclose information could result in serious harm to yourself or other participants. Every item on this form must be completed. If it does not apply to you, mark "N/A". If you have certain medical conditions, we may require that you have a physician fill out a supplemental form. All information you provide will remain confidential.

### PART I. GENERAL INFORMATION

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age at Course Start \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_  
 Evening Phone ( ) \_\_\_\_\_ Course Name and Dates \_\_\_\_\_  
 Occupation \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Lbs. \_\_\_\_\_  
 Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Physician Address \_\_\_\_\_ FAX \_\_\_\_\_

Do you speak and understand English?

Yes  No

Ethnicity (optional)

African American  
 Native American

Asian  
 White/Caucasian

Latina/Hispanic  
 Other

### PART II. MEDICAL INFORMATION

**Allergies:** (Include Medicines, Foods, Bites, and Stings)

None

Allergy-List Below	Reaction	Medication Required

**Medications:** List any medications you are taking, including psychiatric and over-the-counter medications.

None

Medication	Condition	Dosage (Amt. and Freq.)	Current Side Effects

**Current Exercise and Fitness Level:** Please list your current exercise activity.

Activity	Frequency	Approx. Time/Distance	Leisurely	Moderate	Intensely

### PART III. HEALTH PROFILE

- |  | Yes                      | No                       |   | Yes                      | No                       |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Smoker _____                              | <input type="checkbox"/> | <input type="checkbox"/> | 6. Emergency Dept. visit within past year _____                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Pregnant _____                            | <input type="checkbox"/> | <input type="checkbox"/> | 7. Other medical illnesses/symptoms/requirements _____                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Seizure _____                             | <input type="checkbox"/> | <input type="checkbox"/> | 8. Medical Equipment _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Family history of heart attack _____      | <input type="checkbox"/> | <input type="checkbox"/> | 9. Neck/back/shoulder/knee/ankle pain, injury or persistent limb problems _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Hospitalization within past 2 years _____ | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |                          |

Issue No.	Detail Description (including symptoms/any restrictions. Use additional pages if necessary.)

### PART IV. DO I NEED A PHYSICAL EXAMINATION BEFORE MY PROGRAM?

**1) Blood Pressure (Measured within 6 months. Required if you are over age 30 or overweight.)**

Blood Pressure \_\_\_\_\_/\_\_\_\_\_ Date taken \_\_\_\_\_

**2) Health Problems. Do you have any of the following conditions?**

- |                          | yes                      | no                       |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Resting pulse reading over 100  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Systolic blood pressure reading over 150 and/or diastolic blood pressure reading over 90  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Experiencing chest pain and/or pressure   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Heart disease past or present (including high blood pressure)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chronic illness or physical infirmity   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Seizure disorder (If "yes" your physician <i>must</i> confirm that you have been seizure free for one year.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fainting/Dizziness  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abnormal heart murmur (if you have <u>normal</u> or <u>functional</u> murmur, written confirmation by your physician is required. <u>Only</u> if your murmur is <u>abnormal</u> , is a physician's exam required. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I would prefer my physician's advice prior to program participation.  |

If you have checked "yes" to any of the above questions, you are required to have a Physician, Physician's Assistant, or Nurse Practitioner fill out a Physician Examination form prior to participating in a course. The form may be completed based on an examination by a physician at any time during the past year. The Women's Wilderness Institute reserves the right to require a physical examination upon review of participant history section of this form.

Additional Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PART V. SIGNATURE REQUIRED

I understand that The Women's Wilderness Institute courses are physically and mentally strenuous experiences that may take place in a remote wilderness area, far from conventional medical facilities. The information on the preceding pages is a complete and accurate statement of my past and present medical condition, and I have included all physical and psychological factors that may affect my participation in a Women's Wilderness Institute course. I realize that failure to disclose such information could result in serious harm to myself and/or fellow participants. I agree to indemnify and hold The Women's Wilderness Institute harmless if all relevant information is not disclosed. I agree to notify The Women's Wilderness Institute should there be any change in my health status prior to my course start.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if participant is under 18)

\_\_\_\_\_  
Date