



Power Adventures

Outdoor Experiential Adventure Programs Since 1988

Main Office: 325 Edward Street Unit B, Sycamore, IL 60178

Northshore Site: 2821 Ridge Road, Highland Park, IL 60035

Questions?

You can reach us at

815-991-5684

info@poweradventures.org

www.poweradventures.org

RELEASE & HEALTH HISTORY

Return one completed form (both sides) per participant

Program/Trip _____ Date(s) _____

Your Name _____

Address _____ City _____ State _____ Zip _____

Phone: Daytime _____ Evening _____ Cell _____

Email _____ Check if you'd like to receive our e-newsletter!

RELEASE OF LIABILITY

Please read carefully and sign below if you agree to all of the terms.

I hereby consent to my participation in Power Adventures' program. I recognize there is a significant element of risk in any adventure sport and/or activity associated with the outdoors. I have no questions regarding the program. All questions have been answered to my satisfaction. I agree to abide by all rules established in conjunction with the program and participate in the program at my own risk. I am not aware of any medical condition, which would prohibit my participation. That in consideration of my participation in the program, I hereby voluntarily assume all risk of accident and damage or injury to person or property, and hereby release, acquit, and forever discharge Power Adventures, its agents, affiliates, employees, and assigns from every claim, damage, casualty, cause of action, or whatsoever nature which may arise due to my participation in the program. By signing this release, the undersigned hereby certifies that he/she has fully read and understands the conditions herein provided.

By checking this box, I am stating that I do NOT wish Power Adventures to utilize any photos that represent me in any way, in any printed or digital publications.

Signature of Participant _____

Date _____

Signature of Parent or Guardian (if applicable) _____

Date _____

PLEASE TURN OVER...

CONFIDENTIAL HEALTH HISTORY

These records are kept confidential. In the case of emergency, this form is provided to EMS.

Your Name _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Gender: M or F Age _____ Date of Birth _____ Height _____ Weight: _____

Please list any or all of the following:

Allergies _____ Disabilities _____

Heart Conditions _____ Past Operations _____

Dietary Restrictions _____ Phobias or Fears _____

Current Medications _____

Are you currently under treatment or a physician for any illness or condition? _____

If so, please name and describe _____

Please check the following *injuries* you have had and the year(s) of occurrence:

Neck/Back _____ Dislocation _____ Hernia _____ Concussion _____

Fracture _____ Sprain _____ Other Injuries _____

Please check the following *conditions* you have had and the year(s) of occurrence:

Blackout/Dizziness _____ Chronic Cough _____ Chest Pains _____

GIU Tract Problems _____ Migraine Headaches _____ High Blood Pressure _____

Diabetes _____ Asthma _____ Seizures _____

Other Conditions _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone: Daytime _____ Evening _____

Doctor's Name _____ Doctor's Phone Number _____

Your Health Insurance Provider _____ Policy # _____

PERMISSION TO RECEIVE FIRST AID AND TO SECURE MEDICAL HELP

I am sufficiently fit to participate in this program. I have completed a medical form with health disclosure information that is accurate, complete, and true to the best of my knowledge. I agree to notify a Power Adventures facilitator of any changes to my health and fitness, which may occur before or during a program. Should I become ill or injured, I give permission for the program facilitator(s) to render first aid and to seek emergency medical or rescue services, as they see fit and at my cost.

Signature of Participant _____ Date _____

Signature of Parent or Guardian (if applicable) _____ Date _____