



Where the trail and the street collide

# 2018 REGISTRATION/MEDICAL INFORMATION FORM

Please Print Clearly

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

Street: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_ Group Name: \_\_\_\_\_

Dates Of Trip: \_\_\_\_\_

Check One:  Teen (Grade In Fall 2018: 9 10 11 12 Graduate)

Adult Sponsor

## Emergency Contact Information

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

Relation to Participant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

# Participant Commitment

**We are so excited that you are planning on joining us this summer. Your individual spiritual growth as well as your desire to serve and love others is the goal of the week. This week will stretch you, challenge you, and provide opportunities for you to step outside of your comfort zone. In order to create the most effective atmosphere possible for you and your group, we need this commitment from you:**

**(please initial next to each statement and sign at the bottom)**

- ✓ I will begin praying for the week and all that God has in store.**
- ✓ I will spend time journaling and thinking about the concepts presented in the preparation materials.**
- ✓ I will be involved and on time to all activities without argument.**
- ✓ I will have no knives, firearms, alcohol, fireworks, or illegal drugs in my possession at any time.**
- ✓ Because I am representing Jesus, my church, my family, and Dry Bones while on this trip, I will be courteous and polite.**
- ✓ I will respect property that is not my own and realize that I am financially responsible to repair or replace all equipment I lose, abuse, or neglect.**
- ✓ In order to remain safe, I will carefully obey all instructions communicated by the staff during my week of Elevations.**
- ✓ I will accept responsibility for my actions and conduct myself in a Christ-like manner.**

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**Participant Signature**

**Date**

# Medical Information

All participants must complete the following information:

Health Insurance Company:

Policy Number: \_\_

Personal Physician:

Physician's Phone:

Age: \_\_\_\_

Gender: \_\_Male \_\_Female

Height \_\_\_\_\_ Weight

# Medical History

Check response that accurately describes your health history. Explain any "Yes" answer.

**Yes**

**No**

**Explanation:**

Allergies: Food, medicines, insects, plants, etc.

Asthma/Respiratory problems

Do you have your inhaler?

Cancer/leukemia

Convulsions/seizures/fainting spells

Epilepsy

Diabetes

Headaches

Heart trouble

AIDS/ HIV/ HEP-C

Hemophilia/bleeding disorder

Hernia

High blood pressure

Low blood pressure

Kidney trouble

Menstrual problems

Serious illness in the past 12 months

Surgery in the past 12 months

**NOTE:** The staff will not administer any type of medications, including aspirin, Tums, Tylenol, etc. If you need any over the counter medication, you must bring them with you.

List any over the counter and prescription medications that you will have with you:

**NOTE ABOUT FOOD:** Trail food is by necessity a high carbohydrate, high caloric diet. It contains wheat, milk products, sugar, corn syrup, and artificial coloring/flavoring. If these food products cause a problem to your diet, you will need to bring appropriate substitutions and advise the staff upon arrival.

# Medical screening and physician's evaluation

**Please be advised that due to serious health risks, Elevations will not allow participation by persons with any of the following conditions, unless a licensed medical physician approves them for participation.**

- Any history of coronary heart disease (you must be cleared by a cardiologist)**
- Hypertension**
- Asthma**
- Diabetes**
- Any psychiatric condition requiring tranquilizers or antidepressants**
- Any person presently under medical care**
- Any person possessing prescription medication, including a prescription inhaler**
- Epilepsy**
- Pregnant**

**If you have any of the conditions above, schedule a visit with your doctor and discuss your condition in regard to the activities of Elevations described below. The doctor's signature is required in order for you to participate in Elevations. You only need a doctor's signature if you have one of these conditions! The Physician's Form is on the following page.**

**Physician:** The applicant will be taking part in active camping including hiking at 8-12,000 foot elevation, extreme weather conditions, cold water, exposure, fatigue, and remote conditions where medical care cannot be assured. Please feel free to call Elevations at 303-809-7389 if you have any questions.

**Physician's Evaluation:**

have examined the applicant and have approved him/her for participation in Elevations program activities.

have examined the applicant and have approved him/her for partial participation in Elevations program activities.

Please list the activities that should be limited for this participant

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**Signed:**

Physician licensed to practice medicine

**Date:**

**Physician Information:**

**Name:**

**Office Address:**

**City:**

**State:**

**Zip:**

**Phone Number:**       -       -

## **Release of Liability and User Indemnity Agreement**

**I hereby acknowledge that I have voluntarily agreed to participate in the sport of hiking, and camping as well as service projects in downtown Denver, and interaction with friends of Dry Bones and others of downtown Denver while working with Elevations.**

**I understand that the above activities, and all other hazards and exposures connected with the activities conducted in the outdoors and in Denver, do involve risk and I am cognizant of the risks and dangers inherent with the activities. I am fully capable of participating in the activities contracted for and willingly assume the risk of manmade or natural obstacles, whether they are obvious or not.**

**I understand and agree that any bodily injury, death, or loss of personal property and expenses thereof, as a result of my negligence in any scheduled or unscheduled activities associated with Elevations, are my responsibilities.**

**I understand that accidents or illness can occur in remote places without medical facilities, physicians, or surgeons. I am also aware that I may be exposed to temperature extremes or inclement weather. I further agree and understand that any route or activity chosen as a part of the Elevations activities may not be of minimum risk, but may have been chosen for its interest and challenge.**

**I agree to defend, indemnify, and hold harmless Dry Bones Denver, the United States Forest Service, Colorado Parks and Recreation Department, and any and all state or affiliated organizations, agents, or employees for any injury or death caused by or resulting from my participation in the activities associated with Elevations, both scheduled and unscheduled, whether or not such injury or death was caused by their negligence or from any other cause. I have carefully read the agreement and understand its contents. By the signature below, I certify this is a release of liability.**

## **Adult Agreement/Parent's or Guardian Agreement**

**I understand the nature of the Elevations experience having the physical demands of hiking over rough terrain, and camping at elevations possibly higher than 8,000 feet. Having the assurance of (my/my child's) good health through a current physical examination by a medical doctor, I hereby give consent for (myself/my child) to participate in the outdoor/inner-city vision program sponsored by Elevations, I have included in this form all necessary medical information about (myself/my child) that should be known by the leadership of the program. I assure (my/my child's) cooperation and assume responsibility for (my/my child's) actions.**

**I understand that I am responsible for any medical expenses incurred in the event of needed medical attention for (myself/my child). I further agree that I will be financially responsible to repair or replace all items lost, abused or neglected by my child or myself.**

**In the event of an emergency, I authorize my consent to any X-ray examination, medical, dental, or surgical diagnosis, treatment, and/or hospital care advised and supervised by a physician, surgeon, or dentist licensed to practice. I understand that the designated next of kin will be contacted as soon as possible.**

**I have examined the information given by (myself/my child). By the signature below, I certify that it is true and correct.**

**Should this form and/or any wording be altered, it will not be accepted and the participant will not be allowed to participate in Elevations.**

**X**

**Participant's Signature (teen or adult)**

**Date**

**X**

**Parent or Guardian Signature  
(of participants 18 or younger only)**

**Date**

# **Your Preparation Checklist**

**Use this checklist to make sure you have completed every requirement before arriving in Denver for the first day of the trip.**

- ✓ I have completely filled out the Elevations Registration/Medical information Form.**
- ✓ I have read and initialed each item on the participant commitment and signed at the bottom.**
- ✓ I have filled out the medical information sheet completely and thoroughly.**
- ✓ My parent/guardian has signed the “Parent/Guardian Agreement”.**
- ✓ I have also signed the agreement.**
- ✓ I have all the items on my packing list.**
- ✓ I have my inhaler and other necessary prescription medications (If Applicable).**
- ✓ I have gotten a physician’s evaluation if necessary and have had my physician sign the release form.**
- ✓ I am ready for an awesome trip in God’s Creation!**