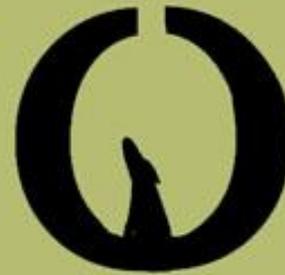


Coyote Club Wilderness Education

*"Instilling a sense of wonder, responsibility and stewardship
for the natural world through ecological studies and primitive
skills exploration."*



www.nhecolgy.com

41 Ayers Lane | Dover, NH 03820

MEDICAL EVALUATION & EMERGENCY CONTACT FORM

What program will you be participating in? _____

Participant's Name _____ Age _____ D.O.B. _____

Address _____ Male _____ Female _____

City _____ E-Mail _____

State _____ Zip _____ - _____ Home Phone () _____ - _____

Cell / Other () _____ - _____

PARENT OR GUARDIAN (*only if participant is under 18 years old*)

Name _____ E-Mail _____

Address _____

City _____ Home Phone () _____ - _____

State _____ Zip _____ - _____ Bus. Phone () _____ - _____

EMERGENCY CONTACT PERSON (all participants must complete)

Name _____

Address _____

City _____ St: _____ Zip: _____

Emergency Contact Phone () _____ - _____

2nd Emergency Contact Phone () _____ - _____

1. Do you wear a.) contact lenses? _____ or b.) hearing aid? _____

2. Do you have asthma of any sort? _____ Date of last Tetanus Booster: _____

If yes, describe _____

3. Do you have heart problems? _____ If yes,
describe _____

4. Do you have high/low blood pressure? (circle one) If yes, describe

5. Do you have any physical disabilities or imitations, such as past or existing injuries, that we should be aware of?

Please be specific:

6. Are you currently on any medication? _____ If yes, indicate specific medication(s) & dose(s):

7. Are you allergic to any of the following:

Medication (e.g. penicillin, aspirin) Yes No

Insect Bites (e.g. wasps, bees, spiders) Yes No

Foods (e.g. peanuts, shellfish) Yes No

Plants (e.g. poison ivy, nettles) Yes No

Please list any other

allergies: _____

Please describe any items circled "Yes" in question 7:

8. Have you ever had frostbite? _____ If so, to which part of your body? _____

9. Is there any other condition that we should be aware of that may endanger, alter, or somehow limit your abilities to participate in any Coyote Club programs?

Provided parents or emergency contacts cannot be reached within reasonable time, I hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on child's condition. I acknowledge that I am responsible for all charges in connection with care and treatment rendered during this period.

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE

NOTE: *If you or your child has any medical condition that Coyote Club should be aware of, it is your responsibility to let us know of the existing condition prior to start of any program. The information will be held in confidence and used only to render assistance should the need arise.*

PARTICIPANT AGREEMENT, RELEASE, & ASSUMPTION OF RISK

Continues on next page...

In consideration of the services of Coyote Club, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf, I hereby agree to release, indemnify, and discharge Coyote Club, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that hiking, camping, backpacking, and other outdoor activities entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: Slipping and falling; falling objects; water hazards; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat-related illnesses, heat exhaustion); sunburn; dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; equipment failure; and improper lifting or carrying. Furthermore, Coyote Club employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Coyote Club from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Coyote Club equipment or facilities, **including any such claims which allege negligent acts or omissions of Coyote Club.**

4. Should Coyote Club or anyone acting on their behalf be required to incur attorneys fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such an injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Coyote Club on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read & understood it, and I agree to be bound by its terms.

PARTICIPANT SIGNATURE

PRINT NAME

DATE

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)

Continued on next page...

In consideration of _____ (“Minor”) being permitted to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Coyote Club from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use of participation by minor.

PARENT OR GUARDIAN SIGNATURE

PRINT NAME

DATE

Please complete, sign and bring to the first day of camps!