



THE TEXAS A&M UNIVERSITY SYSTEM

PARTICIPANT INFORMATION AND HEALTH HISTORY

PARTICIPANT INFORMATION

Participant Legal **Printed** Name _____

ID# _____ Drivers Lic# _____ E-Mail _____

Street Address _____ City _____ State _____ Zip _____

Cell Phone: () _____ Home Phone: () _____ Work Phone: () _____

Freshman ___ Soph. ___ Jr. ___ Sr. ___ Grad. ___ Fac/Staff ___ Dependent ___ General Public ___

In Case of Emergency Contact: _____ Relationship: _____

Cell Phone: () _____ Home Phone: () _____ Work Phone: () _____

PARTICIPANT INSURANCE DISCLOSURE

Participants in outdoor activities should be free of medical, physical, or mental conditions that might create undue risk to themselves or others who depend upon them. Good condition will increase your enjoyment of the outing activities. Medical insurance is strongly encouraged to participate. *Please review your personal insurance for adequate coverage. Some companies may specifically exclude high-risk activities, therefore, in case of injury; all expenses will be borne to you.*

Medical Insurance Co. _____ Policy #: _____

Yes, I have adequate medical insurance.

Signature

Date

No, I do not have medical insurance. I willingly participate in this activity with the understanding that *I am responsible for all expenses incurred* if it is necessary for the activity leader(s) to seek medical, rescue or evacuation services for me.

Signature

Date



HEALTH HISTORY

The following section is used to help our medically trained trip leaders to provide care for you and the group during the trip. Please provide as accurate and timely information as possible. Any answers you give on this form will remain confidential. Please answer the questions, considering that many of our trips involve 2+ hour van rides with other individuals, remote settings (rivers, trails, etc.) and new and diverse experiences. Please note: This form will be destroyed after the culmination of the trip.

Age: _____ Gender: _____ Height: _____ Weight: _____ Shoe Size: _____

- 1. Are you aware of any health issues which may impair your ability to fully participate in the activities of this program? ___ Yes or ___ No.

If yes, please contact Jason Kurten, Director of Outdoor Adventures at 979-862-1999 or jkurten@rec.tamu.edu.

Participants are expected to independently handle medical prescriptions. Are you are taking any medications which might require special handling during program activities? ___ Yes or ___ No

If yes, please contact Jason Kurten, Director of Outdoor Adventures at 979-862-1999 or jkurten@rec.tamu.edu.

YOU ARE NOT REQUIRED TO ANSWER THE FOLLOWING QUESTIONS. YOUR ANSWERS TO THESE QUESTIONS (OR YOUR FAILURE TO ANSWER THESE QUESTIONS) WILL NOT AUTOMATICALLY CAUSE YOU TO BE EXCLUDED FROM PARTICIPATING. THESE QUESTIONS ARE BEING ASKED TO INSURE THE TRIP LEADERS ARE ADEQUATELY PREPARED TO UNDERSTAND YOUR HEALTH NEEDS.

Have you ever experienced or received medical aid for any physical conditions? Possibilities may include heart problems, stroke, asthma, diabetes, migraines, altitude sickness, epilepsy, etc.

If so, please elaborate: _____

Are you taking any medications? Possible medications may include antibiotics, antidepressants, birth control, heart, blood pressure, or epilepsy medications, etc.

If so, please indicate type and dosage. _____

Do you have any allergies? Possibilities may include medications, foods, plants, insect bites, etc.

If so, please elaborate: _____

List any special food considerations you may have:
