

**SOLO MEDICAL FORM**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

**HEALTH INFORMATION**

For safety reasons, we need to be aware of any special health concerns you may have. Please attach a separate note if you need more room. This information is confidential and will be reviewed by a physician who may contact you for additional information.

Do you have any sensory or physical limitations? \_\_\_\_\_ If so, list and state how they affect you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any learning or emotional limitations? \_\_\_\_\_ They are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the meds, physical aids, or strategies that your condition requires?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your weight? \_\_\_\_\_ What is your height? \_\_\_\_\_

Are you currently taking any over-the-counter or prescription medications? If yes, please list them and describe what they are for (attach a separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_

Are you currently under the care of a medical specialist? \_\_\_\_\_ If yes, for what conditions?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any food allergies or dietary restrictions? \_\_\_\_\_ If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Have you had a tetanus shot in the last 4 years? Yes No  
Have you received all childhood disease immunizations? Yes No  
Have you been immunized against Hepatitis B? Yes No

When was your last TB test? \_\_\_\_\_

Do you have any of the following:

<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Knee condition
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Back condition
<input type="checkbox"/> Hernia/ruptures	<input type="checkbox"/> Heart defect/disease
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Allergy to bee stings
<input type="checkbox"/> Lung disease, Asthma	<input type="checkbox"/> Any other allergies
<input type="checkbox"/> Ulcer or other GI disorder	<input type="checkbox"/> Seizures or other CNS disorder

If you answered yes to any of the above, please describe exact diagnosis and treatment:

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### EMERGENCY INFORMATION

Your health insurance company: \_\_\_\_\_ Policy # \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone# \_\_\_\_\_

Relative or close friend to be notified in case of emergency:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

## WAIVER AND RELEASE

I, \_\_\_\_\_ of my own free will, for myself, and/or my minor child, and my heirs and executors have read, understand, and acknowledge the risks and liability for myself and/or my minor child this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

As a participant for myself and/or my minor child I promise to:

- A. Tell Stonehearth Open Learning Opportunities' representative if I have any health problems or allergies, no matter how trivial they may seem. Advise SOLO of any pre-existing medical or health condition that could possibly be aggravated as a result of an activity in this program.
- B. Not volunteer to lift or push or carry objects that are "too much" for me.
- C. Not participate in any activity that frightens me beyond my capability to "deal with" it.
- D. Follow advice about liquid intake, staying cool, staying warm, covering up, and so forth. This will prevent dehydration, heat illness, severe sunburn, and other symptoms of sun exposure, frostbite, and hypothermia.
- E. Not take risks that I consider unnecessary.
- F. Not "do drugs" during the program. I understand that the use of alcohol, some prescription drugs, many over-the-counter drugs, and tobacco products impair coordination, judgment, and temperature regulatory functions of the body. I further understand that I will be dismissed from the program if I do drink alcohol or use illicit drugs.

I agree to indemnify and hold harmless Stonehearth Open Learning Opportunities, Inc., their agents and employees from any and all claims, damages, losses, injuries, and expenses arising out of or resulting from participation in these activities. I further agree to release, acquit, and covenant not to sue Stonehearth Open Learning Opportunities, Inc., their agents, and employees for any and all actions, causes of action, claims or damages, damages in law, or remedies in equity of whatever kind I or my family or my heirs may have against Stonehearth Open Learning Opportunities, Inc. arising out of participation in this program.

**IN CONSIDERATION OF THE PROMISE AND AGREEMENT OF STONEHEARTH OPEN LEARNING OPPORTUNITY, INC. TO PROVIDE THIS TRAINING EXPERIENCE OR BACKCOUNTRY TRIP, I FOR MYSELF, MY FAMILY, MY HEIRS, AND EXECUTORS PROMISE NOT TO SUE STONEHEARTH OPEN LEARNING OPPORTUNITIES, INC. IF I OR MY FAMILY IS INJURED FOR ANY REASON BY ANY PERSON.** (as set forth in Heil v. Simkin 88 SC 418)

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

**IMPORTANT: THIS IS A LEGAL DOCUMENT**

Although Stonehearth Open Learning Opportunities, Inc. (hereafter referred to as SOLO) has done everything possible to assure that our participants experience a safe, fun, and productive learning experience, we wish to inform our participants that experiential activities are not without risk. The same elements that contribute to the unique character of experiential learning, such as physical problem-solving activities, emergency medical or rescue activities, skiing, ropes courses, canoeing, hiking, and exposing oneself to the natural elements, can cause loss or damage to equipment, accidental injury to participants, illness, or in extreme cases, permanent trauma or death. We don't want to heighten your anxiety or reduce your enthusiasm for your program, but we do want you to know in advance what to expect and to be informed of various possibilities. Thus, we have prepared the following Acknowledgment of Risk. Please read it and sign it. If you have any questions regarding the Acknowledgment of Risk, please do not hesitate to ask us.

I, \_\_\_\_\_, recognize there is an element of risk in any adventure, sport, or activity associated with experiential learning, and living at SOLO.

(A.) Exposure to the natural elements can be uncomfortable and/or harmful: (1) heat, sunburn, dehydration, heat exhaustion, heat stroke, heat cramps, cold, frostbite, hypothermia, and animal and insect bites and stings. (2) weather, wind, rain. (3) outdoor living, sleeping on the ground, using portable toilet facilities, eating meals out-of-doors, being in the open (more or less) for the extended length of the program.

(B.) It is also possible that some participants would suffer mental anguish or trauma from the experience of traveling to and from course-related activities, being thrown about in rapids, descending ropes, carrying litters, acting as an injured patient or being carried in litters, etc.

(C.) Trauma and/or mental anguish from any of the above.

**ACKNOWLEDGMENT OF RISK**

I certify that I and/or my minor child am/is fully capable of participating in this program. I herein state that I have read the above statement of the possible risks in this activity. Therefore, I assume full responsibility for myself, or my minor child, for bodily injury, death and loss of personal property and expenses thereof as a result of my negligence or the negligence of my child participating in this program, and for any breach of contract, breach of warranty, or negligence of SOLO. I further understand that SOLO reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in the program.

Name of Participant: \_\_\_\_\_

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said activity and any subsequent activity.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_