



**HEALTH INFORMATION: PLEASE FILL OUT COMPLETELY \*DOCTOR SIGNATURE NOT REQUIRED\***

Do you have, or have you had, any of the following conditions or symptoms?

**Current Medical Conditions**

**Diseases**

- 1. Bleeding/Clotting Disorders  Yes  No
- 2. Asthma  Yes  No
- 3. Diabetes  Yes  No
- 4. Ear Infections  Yes  No
- 5. Heart Defects/Hypertension  Yes  No
- 6. Psychiatric Treatment  Yes  No
- 7. Seizure Disorder  Yes  No
- 8. Immuno-Compromised  Yes  No
- 9. Sleep Walking  Yes  No
- 10. Bedwetting  Yes  No
- 11. Other  Yes  No
- 12. Hospitalized in the last 5 yrs?  Yes  No

- 13. Chicken Pox  Yes  No
- 14. Measles  Yes  No
- 15. Mumps  Yes  No
- 16. Other Diseases  Yes  No

**Allergies**

- 17. Hay Fever  Yes  No
- 18. Iodine  Yes  No
- 19. Poison Oak  Yes  No
- 20. Penicillin  Yes  No
- 21. Bees/Wasps/Insects  Yes  No
- 22. Other  Yes  No

If Participant Has Allergies:

23. Do you carry own Epi-pen?  Yes  No

24. Do you carry own Inhaler?  Yes  No

Date of last Tetanus shot: \_\_\_\_\_

If you have answered "yes" to any of the above items, please explain below. Provide corresponding number.

Question No.	Explanation

**Health Questionnaire: (Attach additional pages if necessary to provide complete information.)**

Is the participant taking any medication?  Yes  No Please list all medications\*\* the participant is taking and the purpose of each.

**\*\*Please continue to take all medications as prescribed unless otherwise instructed by your physician.**

Is the participant capable of participating in a 5 mile hike?  Yes  No Are there any restrictions on the participant's physical activity?  Yes  No

Please describe \_\_\_\_\_

Does the participant eat **red meat**?  Yes  No **Poultry**?  Yes  No **Fish**?  Yes  No

Does the participant have any **food allergies**? Please specify \_\_\_\_\_

Does the participant have any **food restrictions**? Please specify \_\_\_\_\_

Please provide any additional information that is important for us to know to insure the participant has a quality experience.

Name of Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medical Insurance carrier \_\_\_\_\_

Policy #/I.D.# \_\_\_\_\_ Subscriber Name \_\_\_\_\_

Additional information attached:  Yes  No

**AUTHORIZATION FOR TREATMENT: PARENT/GUARDIAN MUST SIGN**

I agree the above information is correct to the best of my knowledge, and I authorize any adult chaperone or YNI Staff to consent to any X-ray, examination, anesthetic, diagnosis, treatment, and/or hospital care that may be recommended by a licensed physician and/or dentist. For minor illnesses or injuries, I understand that YNI will attempt to contact me at the earliest practicable opportunity. For major illnesses or injuries, YNI will attempt to contact me before the commencement of any medical treatment, unless my child's condition is such that treatment must be commenced immediately before contact with me can be made. Even if I cannot be reached, this authorization remains in full force and effect.

I authorize YNI staff who have received appropriate training to (1) dispense "over the counter" medication, including aspirin, Tylenol, ibuprofen, Benedryl, Neosporin, Pepto-Bismol, and other similar medications; and (2) administer epinephrine via injection for the emergency treatment of anaphylactic shock that may result from an allergic reaction to insect bites, insect stings, food or plants (such as poison oak). This administration is under the direction of YNI's medical director.

I agree to assume full financial responsibility for any medical care/treatment my child may receive.

**\*\*MUST SIGN\*\*** Signature of Parent/Guardian Date:

**Print Name of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**\*\*REQUIRED FOR ALL PARTICIPANTS\*\***  
**ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS**  
**RELEASE AND INDEMNIFICATION**

**Definitions**

I understand that the term “**YNI**” as used in this document means and includes Yosemite National Institutes, Yosemite Institute, Headlands Institute, Olympic Park Institute, and each of their current and former officers, directors, employees, agents, contractors, and affiliated or related entities; the term “**YNI Staff**” means and includes any employee or agent of **YNI**; the term “**I**” means and includes any participant 18 years or older, or the parent or legal guardian of any participant who is younger than 18 years of age; and the term “**Program**” means the YNI program in which a participant has enrolled.

**Acknowledgment and Assumption of Risks**

I understand that during my participation in this Program, I may be exposed to a variety of risks and hazards, foreseen or unforeseen, which cannot be eliminated without fundamentally altering the unique character of the Program. These inherent risks include, but are not limited to, environmental risks and hazards, including rapidly moving, deep, or cold water; insects, snakes, and predators, including large animals; falling and rolling rock; lightning and unpredictable forces of nature, including weather that may change to extreme conditions without notice. Activities vary from program to program, and may include hiking, stewardship activities (eg: plant removal, trail maintenance), backpacking, skiing, snowshoeing, whitewater rafting, rock climbing, or canoeing. Some programs involve travel in YNI vehicles driven by YNI employees. Possible injuries and illnesses include hypothermia, frostbite, high altitude illnesses, sunburn, heatstroke, dehydration, and other mild or serious conditions or injuries. Emergency evacuations and medical care may be delayed due to the remote locations where Program activities take place.

I understand that this description of the risks involved is not complete, and that other unknown or unanticipated risks may result in property loss, injury, or death. As a condition of my participation in the Program, I agree to assume full responsibility for all the risks that such participation may entail. My participation in this Program is entirely voluntary, and I elect to participate with full knowledge of the inherent risks.

**Consent to Medical Treatment**

I understand that if I become ill or injured during the course of the Program and am unable to give my consent to any medical treatment that a licensed physician and/or dentist deems necessary, YNI will make a reasonable attempt to obtain consent for treatment from the Emergency Contact(s), that I have provided, before such treatment is commenced, unless my condition is such that treatment cannot be delayed for that purpose. If treatment cannot be delayed, then I hereby consent to such treatment as a licensed physician or dentist determines is necessary.

**Release and Indemnification**

In consideration of my participation in the Program and the services and amenities provided by YNI, I VOLUNTARILY AGREE TO (1) RELEASE, DISCHARGE, AND HOLD HARMLESS YNI, TO THE FULLEST EXTENT PERMITTED BY LAW, FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, LOSSES, OR LIABILITIES, INCLUDING, BUT NOT LIMITED TO, CLAIMS FOR PERSONAL INJURY OR DEATH, EVEN IF CAUSED BY THE NEGLIGENCE OF YNI (but not its willful or wanton misconduct), ARISING OUT OF OR IN ANY WAY CONNECTED TO THE PROGRAM OR MY PARTICIPATION IN THE PROGRAM; and (2) indemnify and defend YNI, to the fullest extent permitted by law, from and with respect to any and all claims, demands, liabilities, damages or costs, even if caused by the negligence of YNI (but not its willful or wanton misconduct), arising out of or in any way connected with the Program, or my participation in the Program, or occurring during the inclusive dates of my attendance at the Program, and/or from any medical treatment I may receive during the Program.

**Other Provisions**

YNI and persons designated by it may use my photograph, or any video, writing, artwork and/or testimonials created by me and submitted to YNI. It shall become the property of YNI, and may be used by YNI, at its discretion, for its own marketing and/or development purposes, and I hereby consent to and authorize such use without restriction.

**Agreement**

- I have had the opportunity to ask YNI any questions I may have about the Program in which I am enrolled, and any questions have been answered to my satisfaction.
- I understand that during some parts of the Program, I will be under the supervision of teachers, chaperones, or other adults who are not YNI Staff. I understand the selection of these adults is the sole responsibility of the school and not YNI.
- I understand that this document is intended by YNI to have as broad an effect as the law permits, and that if any part of this document is found to be invalid for any reason, the remainder of the document shall remain valid and fully enforceable.
- I have carefully read and I understand this entire document, and I am signing it voluntarily.

**Name of Participant**

At least one parent (preferably both) or guardian must sign below if the student is under 18 years of age to reflect their understanding and agreement, for themselves and on behalf of the student, to the provisions of the definitions, acknowledgment and assumptions of risks, consent to medical treatment, release and indemnification, other provision, and agreement.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Parent or Guardian Signature                      Date                      Parent or Guardian Signature                      Date