



Kanuga Conferences, Inc.
Mountain Trail Outdoor School
Health and Acknowledgment of Risk Form

P.O.Box 250, Hendersonville, NC 28793
 phone:(828)692-9136 fax:(828)696-3589

School/Group:
Dates of Attendance:

General Information: Participants Name:	Parent/Guardian:
Home Address:	Home phone of Parent/Guardian: Day time phone if different:
Gender: Male _____ Female: _____ Date of Birth: / /	Emergency Contact: Phone Number(s):

Medical History and Related Information: Please list all medical conditions, medications, allergies, and restrictions to activity along with an explanation. Use back/additional sheets as necessary.

Insurance Information: Is the participant covered by an insurance plan? Yes ___ No ___	Carrier/Plan name:
Group Number:	Name of Insured:
Carrier Address:	Social Security Number of policy holder or insurance ID number:

Permission to Provide Necessary Treatment or Emergency Care: I hereby give permission to the medical personnel selected by Kanuga Conferences, Inc. to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event of an emergency and an effort to reach me fails, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for the participant named above.

Acknowledgment of Risk: This section asks you to acknowledge that there are inherent risks to participation in climbing, ropes courses, water sports, and other outdoor and adventure activities. Some of these risks are due to the unalterable nature of the activities. We are constantly striving to reduce these risks, but some risks can not be eliminated. Minor injuries are occasionally a part of adventure activities, and more serious injury is possible. I understand that participation in the above mentioned activities requires that the participant named above be of good physical condition. I give my consent for the above mentioned participant to engage in all Kanuga and Mountain Trail Outdoor School programs, and permission for photographs, audio/video recordings of my child to be used by Kanuga for its promotion, web site, and news media coverage.

Signature of parent/guardian: _____ Date: _____
 (The signature above acknowledges the permission to provide necessary treatment and acknowledgment of risk)

****This completed form may be photocopied for trips off property.**