

Montgomery County Parks & Recreation
755 Roanoke Street, Suite 1E
Christiansburg, VA 24073

Health History & Acknowledgement of Risk Form

Name: _____ Date: _____

Parent/Guardian (if under 18): _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

We require full disclosure of your current health. The information you provide may assist people in the event of an accident. Therefore, before you complete this form, please read it very carefully. Full and accurate completion of all sections is very important.

Please list all information regarding the following:

Male ___ Female ___ Age ___ Blood Type _____ Height _____ ' _____ " Weight _____ lbs.

Are you under treatment for any illness or condition? If yes, please explain: _____

Are you currently taking any medication? _____ If so, please name and describe: _____

Do you have allergies to any medications or have any dietary restrictions? _____ If so, please name and describe: _____

Do you have any allergies? _____ If so, please name and describe: _____

Are you allergic to bee stings or other insect bites? _____

Do you have any past injuries? _____ If so, please name and describe: _____

Have you ever had an injury or sickness related to cold or hot weather? _____ If so, please name and describe: _____

Have you ever undergone surgery? _____ If so, please name and describe: _____

Do you have a history of heart problems? _____ If so, please name and describe: _____

Please list any dietary restrictions: _____

Do you wear glasses or contact lenses? _____ Dentures? _____

List any physical limitations you may have: _____

Can you swim? _____ Level of ability: _____

In Case of Emergency

Contact Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Address: _____
City: _____ State: _____ Zip code: _____
Doctor's Name: _____

Permission to Treat

In the event over the counter medication is necessary, I give permission for the trip Leader to administer medication to myself as a participant or for my son, daughter, or ward as participant.

Examples of medications used, but not limited to:

Benadryl Anti-Diarrhea Acetaminophen Sting-Eze
Cold Compress Betadine Iodine Neosporin

Please list any medications that may NOT be given: _____

Signature: _____ Date: _____

ACKNOWLEDGEMENT OF RISK: I am aware that these activities entail risks of injury, death, or acts of nature, and there are inherent hazards present, seen or unseen. Other seen or unseen risks may result in injury, illness, death, trauma from falls and/or drowning. Risks include but are not limited to the following: 1) Sprains/strains, fractured bones, unconsciousness, head and /or back injuries, paralysis, loss of eyesight, communicable diseases; 2) Collision with other participants or objects, loss of control of one's self or the craft, capsizing, and/or sinking of the craft which can result in wetness, injury, and/or exposure to the elements; 3) Manmade or natural objects including overhanging, submerged and/or semi-submerged trees, branches, rocks, boulders, bleachers, goal posts, fencing or any obstacle in, on or over the water and/or land; 4) Cold weather and heat related injuries and illnesses including sunburn, hypothermia, frostbite, heat stroke, dehydration; 5) The presence of insects, animals and marine life; 6) Accidents or illness occurring in remote places where there are no immediately available medical facilities; 7) Changing water flow or currents, inclement weather, variances and extremes of wind, weather, thunderstorms, lightning and temperature; 8) The risk of travel in vehicles on roads or highways, rough terrain by foot, conveyances, or other means while participation in activities or using services; 9) Falls from excessive heights and uneven terrain; 10) Failure of equipment either through malfunction or blunt force impact.

Montgomery County Parks & Recreation does not provide cell phone service or satellite phone service. Staff members reserve the right of program flexibility due to the strenuous nature of the programs and may require medical clearance before participation.

By signing this document voluntarily without any inducement, you are acknowledging that you have read and understand the above information.

Participant Signature: _____

Parent/Guardian Signature (if under 18): _____

Permission to Use Name or Picture

I hereby give permission for myself/my child to be photographed while participating in Department activities/programs, and I give this program permission to use or distribute such photo and identification. I understand this consent complies with section 8.01-40 of the Code of Virginia. **YES** **NO**

