



ADIRONDACK CONNECTIONS GUIDE SERVICE
CONFIDENTIAL PERSONAL INFORMATION FORM
Please PRINT and provide complete answers to all questions

GENERAL INFORMATION: Activity: _____ Date(s) of trip: _____

Name: _____ Male Female

Phone #: Day (_____) _____ Evening (_____) _____ e-mail _____

Address: _____
Street City State Zip

EMERGENCY CONTACT (Parent or guardian information if participant is under 18):

Name: _____ Relationship: _____ e-mail: _____

Phone #: Day (_____) _____ Evening (_____) _____ Cell/Page (_____) _____

Address: _____
Street City State Zip

INSURANCE COVERAGE: Participant is responsible for his or her own medical expenses. Insurance is recommended, but not required for participation.

MEDICAL AND PHYSICAL INFORMATION:

Date of Birth: ____/____/____ Age: _____ Height: _____ Weight: _____ Date of Last Tetanus Booster: _____

(Recommendation - within 10 years)

EXERCISE: Detail your current activity below -or- **None**

| <i>Activity</i> | <i>Frequency Per Week</i> | <i>Approximate Time/Distance</i> | <i>Intensity Level</i> |
|-----------------|---------------------------|----------------------------------|------------------------|
| | | | |
| | | | |
| | | | |

ALLERGIES: Please list all allergies including medicines, food, bites, stings, shellfish, iodine, plants, and animals

-or- **No Allergies**

Allergy Reaction Medication Required

MEDICATIONS: Please list all prescription and non-prescription medication you take and/or carry with you.

-or- **No Medications**

Medication Condition Dosage (amount/frequency) Initiated (month/year) Side Effects

DIETARY RESTRICTIONS: Please be specific (vegetarian, no red meat, vegan, lactose intolerant, food allergies, strong food dislikes, etc.)

PLEASE COMPLETE THE REVERSE SIDE >>>

HEALTH HISTORY: Please put an "X" in the appropriate boxes, and respond to all questions below. Have you had:

Yes No

- 1. Operations/Serious Injuries in the past five years?
- 2. Hospitalizations/Emergency Room visits in the past year?
- 3. Diabetes: Please note below if you are insulin dependent.
- 4. Epilepsy or seizure disorder: If yes, date of last seizure: _____
- 5. Other past or current medical issues/illness/requirements?
- 6. Heat exhaustion or sensitivity to heat & humidity?
- 7. Frostbite or sensitivity to cold (Raynaud's Disease)?
- 8. Heart attack/By-pass surgery/Angioplasty/Angina/Unexplained fainting?
- 9. Other cardiac conditions, including heart murmur or irregular heartbeat? Do you carry nitroglycerin with you?
- 10. High blood pressure, even if being treated with medication: If yes, list BP with date from last doctor's visit below.
- 11. Kidney stones or kidney disease, gall stones or gallbladder disease, colitis or intestinal trouble?

Yes No

- 12. Neck/Back/Knee/Shoulder/Ankle problems?
- 13. Bleeding disorders, anemia?
- 14. Pregnant: If yes, what trimester? _____
- 15. Do you smoke?
- 16. Asthma or other respiratory problems?
- 17. Do you carry an Epi-pen or Inhaler with you?
- 18. Do you wear any medical alert tags?

If you indicated yes in any of the boxes above, please provide a description including history, symptoms, hospitalizations, and any restrictions. Please refer to the number listed by the issue above, and attach additional pages as necessary. Be sure to detail any medications on page one.

Are there any physical or medical conditions not listed above which may affect or limit participation? Yes No

If yes, please explain (attach additional sheets as necessary): _____

Swimming ability: ____ Can Not Swim ____ Can Swim 100' ____ Can Swim 500' ____ Strong Swimmer

PLEASE READ CAREFULLY:

- *Please review this form to be certain you have completed every question. Completion for this form is required for participation on any Adirondack Connections, LLC trip.*
- *All information on this form is confidential as required by the HIPPA Privacy Rule. It is possible to complete many trips with a variety of medical difficulties, but Adirondack Connections, LLC must be aware of these conditions. Failure to disclose medical and health history information as requested could result in serious harm to you and other participants on your trip.*
- *The status of your participation will be determined after review of this form. In some cases further evaluation, possibly including consultation with your health care provider, may be necessary.*

SIGNATURE REQUIRED

Consent is hereby given for the applicant to participate on this Adirondack Connections, LLC trip. Permission is given for Adirondack Connections, LLC staff, volunteers, representatives or contractors to obtain or provide medical care for me/my child, or to transport me/my child to a medical facility. I further authorize Adirondack Connections, LLC staff, volunteers, or other medical personnel to render such treatment they consider necessary for my/my child's health and I agree to pay all costs associated with that care and transportation. I have read and understand both sides of this medical form and the information I have provided is, to the best of my knowledge, correct and complete.

Participant's signature

Date

Signature of parent/guardian (if participant is under 18)

Date

Thank you for taking the time to carefully complete this form. Please call 518-359-7536 with any questions.



**ADIRONDACK CONNECTIONS, LLC, 90 COUNTRY CLUB RD., TUPPER LAKE, NY 12986-9704
Phone: (518) 359-7536**

Activity(s): _____ **Date(s) of trip:** _____

DISCLAIMER

Any outdoor activity can be dangerous and there is an element of risk, which you are accepting by participating in this activity. You alone assume responsibility for your own safety and equipment and must be both physically and mentally prepared and equipped with the appropriate gear. Only you can judge your skills relative to the conditions found in the backcountry (on the trail or water) and any possible risk. You alone decide when, where and how to proceed, or not.

LIABILITY RELEASE and ASSUMPTION OF RISK AGREEMENT

Please read carefully before signing. You must sign and return via mail along with the Confidential Medical Form.

I acknowledge that I have voluntarily chosen to participate in the trip referenced above. In so doing, I acknowledge that I may be subjecting myself to dangers and hazards which could result in illness, injury or death. I also acknowledge that there are inherent risks and dangers that may arise at any time during the trip. In addition, I am specifically familiar with and accept the risks of the dangers and hazards referred to in the trip materials provided to me. I am aware that medical services or facilities might not be available while I am participating in the trip. In consideration of my being permitted to participate in the trip, I agree to assume all risks of illness, injury or death and agree not to sue and to release from liability and indemnify Adirondack Connections, LLC., Adirondack Connections Guide Service, their owners, agents, contracted tour operators and employees, and other persons or entities involved with this trip, from all actions, claims or demands for injury, loss or damage, regardless of the cause, resulting from my participation in the trip. I understand that Adirondack Connections, LLC may contract with independent contractors to provide services on this trip, including transportation, travel services and guide services. I understand and acknowledge that Adirondack Connections, LLC has no control over and assumes no responsibility for the actions of any independent contractors involved in providing any services on this trip. I agree that New York state will be the forum for resolution of any dispute related to my participation in this trip. The terms of this agreement shall serve as a release and assumption of risk binding on my heirs, executor, administrator and all members of my family, including any minors accompanying me. I have familiarized myself with all information provided to me about this trip, and I agree to all stated conditions set forth in the Reservation & Payment Information, specifically including any information outlining my responsibilities and obligations as a trip member. I agree to pay for the cost of any evacuation or medical care.

I grant Adirondack Connections, LLC the absolute right to copyright, reuse, publish and republish by any medium, including electronically, any photos of me or in which I may be included, that may be taken while participating in an Adirondack Connections, LLC trip. I also consent to the use of any printed matter in conjunction therewith.

I have carefully read this agreement. I understand that it is a release of liability and a contract between me and Adirondack Connections, LLC, Adirondack Connections Guide Service and/or its contracted tour operators or affiliated organizations, and I sign this agreement of my own free will. If any part of this agreement is deemed unenforceable, all other parts shall be given full force and effect.

Participant Signature _____ **Date** _____

Parent or Guardian of Participant* _____ **Date** _____

* If I am signing on behalf of a minor, in addition to the above, I also agree to RELEASE, HOLD HARMLESS AND INDEMNIFY the entities named above for any claims of the minor. I agree to be responsible for any medical expenses incurred by the minor.

NOTE: An Adirondack Connections, LLC guide reserves the right to change, re-route, postpone or cancel a trip based on weather and client conditions, for the purpose of ensuring the safety of the client, group and guide.