



Jointly operated by George Mason University and Northern Virginia Regional Park Authority

Challenge. Environment. Adventure.

Our mission is to facilitate high-quality experiential programs that challenge individuals, organizations, and communities to grow and develop. Summer Camp. Community Team-Building. Professional Development. Youth Team Development and Environmental Education.

For more information, visit our website at http://www.hemlockoverlook.org

MEDICAL/PHYSICAL CONCERNS QUESTIONNAIRE and LIABILITY RELEASE STATEMENT

NAME (FIRST) (LAST) (H) Phone ()- - (W) Phone ()- -

Address City State Zip Code

Name of Physician (PRINT) Phone Day ()- - Night ()- -

EMERGENCY CONTACT (PRINT) (H) Phone ()- - (W) Phone ()- -

AS A PARTICIPANT / PARENT OR GUARDIAN I UNDERSTAND THAT:

Hemlock Overlook is not making a determination of a participant's fitness for an event; rather, the participant represents to Hemlock Overlook and verifies that they are physically fit and ready for an event.

It is important to discuss all medical conditions and/or physical activity concerns with a Hemlock Overlook Staff member prior to participation in all activities. All information given will be held in strict confidence.

I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/or others during an event. I represent and warrant that I have provided all materials and important information to Hemlock Overlook pertaining to my medical, mental and physical condition related to my participation. I agree to notify Hemlock Overlook of any changes in my mental, physical or medical condition prior to my scheduled event.

Medications (prescribed or over the counter) arriving with children must be in original pharmacy labeled containers. These medications may only be in amounts sufficient for the duration of stay at Hemlock. Hemlock Overlook staff are not permitted to administer any medications.

Please circle either yes or no for the following questions. Do you (the participant) have currently or have a history of:

- 1) Yes No Diabetes or Blood Sugar Problems
2) Yes No Asthma or Respiratory Problems
3) Yes No Epilepsy or Seizures
4) Yes No Heart Disease
5) Yes No High Blood Pressure
6) Yes No Do you smoke
7) Yes No Are you pregnant
8) Yes No Musculoskeletal injuries, breaks, sprains or dislocations
9) Yes No Orthopedic conditions that are aggravated by physical activity
10) Yes No Mental or Neurological Problems
11) Yes No Bleeding Disorders

Please explain any "yes" answer

Allergies: medication, food, insect stings, poison ivy, plants, anaphylaxis

List any additional medications you are required to take on a regular basis (antibiotics, anti-seizure, Ritalin, insulin, blood pressure regulator), or emergency basis (Epipens, Glucopens).

LIABILITY RELEASE STATEMENT

Name of Participant _____	Name of School/Organization/Group _____
I (participant name or parent /guardian's name if under eighteen (18) and/or a K-12) _____	
(print)	

1. AS A PARTICIPANT / PARENT OR GUARDIAN, UNDERSTAND AND ACKNOWLEDGE THAT:

- A. Participation in challenge course activities entails known and unanticipated risks which could result in physical or emotional injury or damages to myself/my child, to property or to third parties. I acknowledge that such risk cannot be eliminated without jeopardizing the essential qualities of the activity.
- B. Hemlock Overlook Regional Park and George Mason University take reasonable precautions to insure that programs and activities at Hemlock Overlook, and Fountainhead Regional Park or any and all other activities led, run, or organized by George Mason University Center for Outdoor Education, are conducted by qualified personnel in a safe and responsible manner. However, I further understand that these activities involve certain risks, both physical and emotional. I acknowledge and assume the risk of injury and/or disability inherent with being an active participant in Hemlock Overlook scheduled events.
- C. I have disclosed all medical conditions and all physical activity concerns on the attached "MEDICAL/PHYSICAL CONCERNS QUESTIONNAIRE". As a parent/guardian of a school age participant I agree to provide and allow the release of current and up to date emergency care and health related information – for example: School Emergency Care Card.
- D. Parts of this program can be physically demanding and the potential for injury to myself/my child exists even though safety systems are provided. I agree to assume, and bear the costs of all risks that may be created, directly or indirectly, by any medical condition that I/my child may have.
- E. The Hemlock Overlook Staff will not disclose any medical conditions or concerns to my employer (applies to adult participants) or to other participants except as may be required in case of emergency.
- F. All of the program activities are strictly voluntary, and it is always the responsibility of the participant to limit his or her participation in any way he or she deems appropriate. I further understand that my minor child may not be able to adequately assess his/her ability to perform certain activities.
- G. Failure to follow safety instructions may lead to a participant's removal from the group or activity. Discretion is left entirely to Hemlock Overlook staff to determine whether and when removal is appropriate.
- H. Participants may be transported by George Mason University vehicles to and from activities at various sites.
- I. Hemlock Overlook may photograph and/or film me and/or my child.

2. AS A PARTICIPANT /PARENT OR GUARDIAN, AGREE:

- A. To hold harmless Hemlock Overlook, George Mason University, The Commonwealth of Virginia, and their officers, employees, and agents from any claim, damage, liability, injury, expense or loss, including defense costs and attorney's fees, arising from activities under this agreement.
- B. To authorize hemlock overlook to initiate emergency evacuation or treatment in case of serious injury or illness. In case of an emergency, Hemlock Overlook will notify the parents, guardians, or emergency contacts of the participant as soon as possible.

By signing this document, I acknowledge that I have provided medical information accurately and have read and fully understand both pages of this document. The information I have provided is disclosed accurately and truthfully.

X _____ / ____ / ____	DATE
Participant Signature - OR -	
Parent/Guardian's Signature (if participant is under eighteen (18) and/or a K-12 student)	

Everyone **must wear closed-toe, tie-on shoes**. Please dress appropriately for the day's weather and always bring raingear. Loose-fitting casual clothing is best. Bring a water bottle (not glass).

SIGNATURE REQUIRED ABOVE