Walkabout Health Form

GFU, Student Life 414 N. Meridian St. Newberg, OR 97132
Phone (503) 554-2311 Fax (503) 554-2339

Name_____ Birth Date _____Sex___Age_____
Last First MI

Parent or Guardian _____Home Phone_____
Name Area code/ number

Home Address_____Work Phone_____
Street & Number City State & Zip Area code/ number

Emergency Contact_____Home Phone_____
Name Area code/ number

Home Address_____Work Phone_____
Street & Number City State & Zip Area code/ number

Please fill out the following Health History completely:

Drug Allergies:_____

Current Medical Problems and/or Chronic Illnesses:_____

_____

_____

Hospitalizations and Surgeries within the past 12 months (include dates):_____

_____

_____

Current Prescriptions/ Medications:_____

_____

Check all of the following problems you have or are subject to:

- ☐ Muscle or Joint Problems
- ☐ Back Problems
- ☐ Shortness of breath with exercise
- ☐ Allergies (please list below)
- ☐ Allergy to Bee Stings
- ☐ Special Diet (please list below)
- ☐ Asthma
- ☐ Loss of consciousness
- ☐ Seizure or Epilepsy
- ☐ Fainting Spell
- ☐ Lung Problems
- ☐ Diabetes
- ☐ Heart Problems
- ☐ Heart Murmur
- ☐ High Blood Pressure
- ☐ Hay Fever
- ☐ Other

Please explain any items you have checked above:_____

_____

_____

_____

Date of Most Recent Tetanus (dT or T) Shot:_____

Name of Regular Physician:_____Phone:_____
Name of Dentist:_____Phone:_____
Medical Insurance Carrier:_____Group No.:_____

George Fox University complies with state and federal disability laws. To ensure opportunity for all qualified persons (A qualified person is one who can fulfill the essential requirements of the program.), George Fox University will make reasonable accommodations for its students with qualified disabilities that might affect the participation in the George Fox University Walkabout Program. To qualify for reasonable accommodation, the student must contact Disability Services in the Enrollment Services Office, notify the office of the qualified disability and provide documentation related to the disability and appropriate reasonable accommodations.

Please Read and Sign the Back of this Page

PARTICIPANT'S ACKNOWLEDGMENT OF RISKS and ASSUMPTION OF RISK AND RESPONSIBILITY

(Form Revised 4/1/2005)

WARNING: Although ***George Fox University*** has taken reasonable steps to provide me with the appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, George Fox University has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of this activity and can be the cause of loss or damage to my equipment or accidental injury, illness, or in extreme cases, permanent trauma or death. George Fox University does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks.

ACKNOWLEDGMENT OF RISKS: The following describes some, but not all, of those risks: 1) Falling; 2) Cold weather and heat related injuries and illness including frostnip, frostbite, heat exhaustion, heat stroke, hypothermia, and dehydration: 3) An "act of nature" which may include avalanche, rockfall, inclement weather, lightening, forest fire, severe and/or varied wind, temperature or weather conditions; 4) River crossing, fording, portaging, or travel including travel to or from the activity; 5) Risk associated with the crossing, climbing, or down-climbing rock, snow and/or ice; 6) Equipment failure and/or operator error; 7) Altitude related illnesses including acute mountain sickness, pulmonary edema, and/or retinal hemorrhage; 8) Sense of balance, physical coordination, and ability to follow instruction and the actions of others; 9) Attack by or encounter with insects, reptiles, or animals; 10) Accidents or illness occurring in remote places where there are no available medical facilities; 11) Fatigue, chill and/or dizziness which may diminish my reaction time and increase the risk of accident.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: I understand that recreational and adventure activities which are part of the Walkabout Program may entail risks of injury, illness, or death to myself. I understand the description of those inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. **I agree to assume and accept full responsibility for all risks identified above, those known and unknown, inherent or otherwise.** My participation in this activity is purely voluntary, no one is forcing me to participate and I elect to participate in spite of and with full knowledge of the inherent risks. I am physically and mentally capable of participation in the activity and/or safely using the equipment.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of George Fox University has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

MEDIATION: I further agree that if I have a legal dispute with George Fox University which cannot be settled through discussions between the parties, I will attempt to settle the dispute through mediation before a mutually acceptable mediator. To the extent mediation does not result in a resolution, I agree to submit the dispute to binding arbitration. I also agree that I will pay all costs and attorney's fees incurred by George Fox University in defending a claim or suit, if the claim or suit is withdrawn by me or to the extent a court or arbitration determines that George Fox University is not responsible for the injury or loss.

The construction, validity, and performance of this agreement shall be governed by the laws of Oregon, and any actions or suits that arise out of it shall be settled in a court of the United States. If any part of any provision is held to be invalid, it shall be struck and the remainder of the terms and provisions shall be binding and enforceable.

COVENANT OF GOOD FAITH: I recognize that George Fox University, as a provider of goods and/or services, will operate under a covenant of good faith and fair dealing, but that they may find it necessary to terminate an activity or refuse or terminate the participation of any person for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to achieving objectives.

AUTHORIZATION: I also hereby authorize any medical treatment deemed necessary in the event of any injury while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all the cost of rescue and/or medical services as may be incurred on my behalf.

ACKNOWLEDGMENT: In consideration of the services of **GEORGE FOX UNIVERSITY**, their officers, agents, employees and all other persons of entities associated, ***I certify that I am fully capable of participation in this activity. Therefore, I assume and accept full responsibility*** for myself for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers not specifically identified and, as a result of my negligence in participation in this activity.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and for all members of my family.

PARTICIPANT'S NAME: (Printed)_____ Participant's birth date:_____

PARTICIPANT'S SIGNATURE:_____ Date:_____

Physical Examination

Please be sure to complete this section of the form and return it to the Student Life Office.

_____

Participant's Name (printed)

Height: _____Weight:_____ BP: _____ / _____

Visual Acuity: Right: 20/ _____ Left: 20/ _____ with/out correction

Heart: _____

Lungs: _____

Abdomen: _____

Musculoskeletal: General Posture/Deformities: _____

Neck/Back/Cervical Spine: _____

Additional Findings (skin, ENT, etc.): _____

_____

In your professional opinion can this applicant handle a strenuous seven (7) day backpacking trip? Yes_____No_____ Date_____

Name of Examining Physician (please print)_____

Signature of Examining Physician_____

Address:_____

Phone:_____

HEALTH AND COUNSELING CENTER
GEORGE FOX UNIVERSITY
(503) 554-2340 Fax (503) 554-2343

AUTHORIZATION TO USE AND DISCLOSE PERSONAL HEALTH INFORMATION

I authorize: GFU Health and Counseling Center , to use and disclose
name, agency, doctor, or program
(verbally or in writing) the specific health information listed below regarding:

_____ _____
name date of birth
consisting of (describe the information to be used/disclosed):

RA Walkabout Health Form
to: Residence Life
_____

for the purpose of : Walkabout

****
I understand and agree that this information will be disclosed if I place my initials in the applicable space next to the type of information.

___n/a__ Mental Health Information
___n/a__ HIV/AIDS Related Records
___n/a__ Drug/Alcohol Diagnosis, Treatment or Referral Information

_____
(describe extent and nature of Drug/Alcohol info to be released)
****
Unless revoked earlier, this consent will expire 180 days from the date of signing.
(or)
This authorization is limited to the following treatment or time period: (fill in blank)

_____
****
This authorization may be revoked by written notification to the GFU-HCC. Such revocation will not affect any action taken in reliance on the consent prior to the revocation.
The information disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer be protected.
Treatment, payment, enrollment or eligibility for benefits may not be conditioned on obtaining this authorization if such conditions are prohibited by HIPAA's Privacy Rule.
****

I have read this authorization and I understand it.

Signature of Patient:_____ Date:___ _____