



Health and Permission Form & Liability Waiver

If the event Participant is under 18, the section below is to be completed by the Parent or Guardian. Please answer the following questions as fully as possible. A doctor visit or physical is not required.

(Please print)

First Name

Age

Last Name

Male / Female (circle)

1. Any known contact with **Infectious Diseases** within the last three weeks (e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)? If yes, please give details below.

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2. Any known **Allergies / Sensitivities / Disabilities** (e.g. Food allergies, attention-deficit disorder, bed-wetting, asthma etc.)? If yes, please give details below.

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3. Any **Medicines / Diets / Treatments** currently being taken/followed (including non-prescriptions such as cough drops, vitamins, herbal medicines, etc.)? Please include dosage details.

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If He/She has to take any Medications, the bottles or other items should be clearly labelled with their name and exact dosages. Notify the Group Chaperone of medical requirements before departure.

Please note any other health related concerns

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SS'HmYbcSS5 Xj]'SS6 YbUXfmSS7 ci [\ '8 fcdgSSGi XUZYXSS5 bHUMXSScH Yf 'SSSSSSSSSSSS'

Parent/Guardian Information (Fill out if Participant is under 18 years of age)

Name

Address

Daytime Phone.....Evening Phone.....Cell Phone.....

Relationship to Participant

Emergency Contact

Name

Daytime Phone.....Evening Phone.....Cell Phone

Relationship to Participant

All JRA event participants please read and sign the following:

All of the above information is to the best of my knowledge, correct. I understand that participation in the James River Association (JRA) activities is entirely voluntary. I understand that the JRA event may involve "hands on" activities such as planting trees, using equipment, boating or wading in shallow water; and I understand the risks and dangers involved in the above-named activities. I know and understand that unanticipated dangers might arise. I hereby release JRA from any responsibility for injury which might occur as a result of participation in JRA activities. I give permission to authorize personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for me/my child, and also permit such treatment procedures to be carried out at and by the local hospital(s) for me/ my child in the event of an emergency. I understand that any medical expenses will be billed directly to me or my insurance company. I hereby grant the James River Association the unconditional right to use my/my child's name, voice, and photographic likeness of me/my child in connection with any of their audio video production, articles, website materials or press releases, but not as an endorsement.

I give permission for _____ to participate in all field activities, except
(Participant's name)
as otherwise noted.

Signature of Participant or Parent/Guardian

Date

Are you interested in other outdoor events with JRA? If so, please clearly write your email address and we will add you to our list!

Email

