

BOWDOIN OUTING CLUB

9090 College Station, Brunswick, ME 04011 • Phone: 207-798-4268 • Fax: 207-725-3931

Bowdoin Outing Club Release, Indemnification and Waiver Form

THIS IS A RELEASE—PLEASE READ IT CAREFULLY

The undersigned, hereby acknowledges that I have been advised and fully understand that certain elements of danger and risk are inherent in the activities sponsored by the Bowdoin Outing Club (BOC), which are beyond the control of the instructor, agents, officers, students and employees of Bowdoin College, and that participation in the BOC activities may entail the unavoidable risk of loss of life, personal injury, and loss of or damage to property.

In consideration of furnishing services to enable me to participate in the BOC, I hereby assume all risks of injury or loss of life to myself and loss or damage to property arising out of my participation in such activity, and specifically release and discharge Bowdoin College, its instructors, agents, officers, students and employees, of and from any liability to me or my heirs, successors and assigns with respect related to my participation in the Bowdoin Outing Club. I agree to exercise all necessary caution during instruction and on any trip and to obey the safety requirements of the instructors. On the medical form on the opposite side of this form I have described any and all significant medical conditions that might affect my ability to participate in this activity. I give my permission to the instructors/trip leaders to seek emergency medical treatment for me.

I further agree that I will indemnify, defend, and hold harmless Bowdoin College, its instructors, agents, officers and employees from any claims of any nature made by me, specifically including any claims resulting in the College's own negligence, which may arise in any way related to my participation in the Bowdoin Outing Club.

I have read and understand the terms and conditions of this Release, Indemnification and Waiver and I agree to subscribe to them.

Participant's Signature

Date

Printed Name

Address

Signature of parent or guardian for participants under age 18

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CONFIDENTIAL MEDICAL HISTORY

Name _____ Sex M F
Age ____ Birthdate _____ Height _____ Weight _____
Campus Address _____ Campus Phone _____
Home Address _____
Home Phone (____) _____
Person to be contacted in case of emergency _____
Relationship to you _____
Daytime Phone _____ Evening Phone _____

Medical History—Check all items that apply to you, with dates where appropriate

<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Fainting	<input type="checkbox"/> Stomach Ulcers
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Constipation	<input type="checkbox"/> Headaches
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Heat Stroke
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Contact Lenses	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Asthma	<input type="checkbox"/> High/Low Blood	<input type="checkbox"/> Joint Injuries/Surgery
<input type="checkbox"/> Frostbite	<input type="checkbox"/> Pressure	<input type="checkbox"/> Back Problems
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Eating Disorder

If any of the above conditions are indicated, please provide further explanation:

Are you currently taking any medications? YES NO

If YES, indicate specific medications, medical condition, how often taken and any side effects:

Date of most recent TETANUS IMMUNIZATION: _____

Allergies to _____

Symptoms of typical reaction _____

My signature below indicates a desire on my part to participate in a Bowdoin Outing Club activity. I have read, understand, and signed the BOC Release, Indemnification and Waiver Form on the reverse side. I give my permission and authorize trip leaders/instructors to seek any medical treatment that might become necessary in the event of an accident.

Signature

Date