



Cottonwood Gulch Expeditions

Program Recognition of Risk and Release

Please complete the following form with the participant's information.

If the participant is under the age of 18, this form must be completed and signed by a legal guardian.

School / Group: _____ Program Dates: _____

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____ Gender: _____

Date Of Birth: _____

PARENT/GUARDIAN 1 (IF UNDER 18)

First Name: _____ Last Name: _____

Phone Number: _____ Text Message Okay? Yes No

Alt. Phone Number: _____ Email Address: _____

ALTERNATIVE EMERGENCY CONTACT INFORMATION

First Name: _____ Last Name: _____

Phone Number: _____ Alt. Phone Number: _____

Please list and explain any allergies; include at least allergen, reaction, and severity (use back for more space):

Please Complete Medical History Form On Back of This Form

By signing below, recognition and consent of the following is given:

- There are risks inherent in CGE (Cottonwood Gulch Expeditions) program activities that cannot be completely eliminated. Program activities may cause bodily injury, and in extreme cases even death. I voluntarily choose to participate in these activities and to follow instructions and bring to the attention of the staff any instruction or condition which I believe is a danger to myself or others.
- I understand that the program may include activities such as hiking, mountain biking, rock climbing, canyoneering, visiting cultural events, farming, service work, swimming, tree climbing, meditation, and various other outdoor activities. If I have questions about these activities, I agree to ask CGE/school staff for clarification. I recognize that this program may take place in an outdoor urban, semi-wilderness, or wilderness environment, and may involve high risk activities, and where access to a medical facility may be delayed. Each participant is responsible for bringing clothing/ footwear appropriate for the weather/activity for comfort and warmth, as well as an appropriate sleeping bag and pad for all camping programs.
- I assume full responsibility for all risks arising from my participation in CGE activities, whether or not described above.
- I agree to release CGE, its members, officers, directors, staff, funders, and contractors (referred to herein as "Released Parties") from any and all liability, causes of action, claims and demands of every kind and nature whatsoever (including legal costs and fees), whether for bodily injury, death, property damage or other loss, which may arise in connection with my enrollment or participation in CGE activities or the use of CGE's equipment, vehicles, or premises. I further agree to defend and indemnify Released Parties from any and all claims whether the loss is incurred by or caused by me, including a claim of a member of my family arising from an injury, death or other loss suffered by me. These agreements of release and indemnity include an injury, death or other loss arising in whole or in part from the negligence, or a claim of negligence of a Released Party, including claims for their own or my own negligence, and from any other claim arising from my conduct.
- I agree any dispute concerning this agreement will be resolved exclusively by binding arbitration in Albuquerque, Bernalillo County, NM. I agree that this document will be admissible in court, and if some part of this agreement is found invalid, the remainder will be in full effect.
- I recognize that the participant meets the Essential Eligibility Criteria listed on CGE's website and provided with the registration packet.
- I agree that the participant will not bring nor be under the influence of any chemical substance including alcohol.
- I understand that any and all medications including prescriptions, over the counter medications, vitamins, or any supplements for students will kept by CGE staff or a school staff member and will made available to students at the times required in the presence two adults. CGE requires that a doctor's prescription or pharmacy label is provided with all medication. Students may carry and self-administer rescue medications with permission of a legal guardian or doctor. Spare medication and valid doctor's prescription must be provided/carried by an adult.
- I understand that CGE staff will contact the school and/or an emergency contact as soon as possible in the case that first aid is needed or in the case of any other emergency. The health history (on back or second page) is correct so far as I know, and the person described has permission to participate in all activities except if noted above. I hereby give permission for CGE staff to provide first aid and/or seek any and all emergency medical treatment they deem necessary. I recognize that CGE provides regular over-the-counter medications for minor illness (or equivalent generic medications,) and approve the administration of such medications to me, as deemed appropriate by CGE staff.
- I attest that the participant has not had known exposure to communicable diseases and is in compliance with school immunization policies.
- I understand that the program may include participant transportation in a vehicle driven by a licensed CGE employee.
- I agree to give permission for Cottonwood Gulch Expeditions to use the above named participant's photographic image, audio and/or video recorded likeness, and/or written/drawn materials in any promotional materials it wishes unless I mark the box at right. Photo Opt-Out

Participant Signature: _____ Date: _____ Guardian Signature (if under 18): _____ Date: _____



Cottonwood Gulch Expeditions

Health History Form for Programs

Please complete the following form with the participant's information.

If the participant is under the age of 18, this form must be completed and signed by a legal guardian. School / Group: _____ Participant Name: _____

Please review the following lists and check those items that are a past or present concern/issue. For ANY boxes you check, please provide additional information in the boxes below. Information provided below will be kept confidential among CGE staff; CGE will share with medical professionals only when additional care or consultation is needed.

Physical Health and Nutritional Needs	
Allergies <input type="checkbox"/> Insect <input type="checkbox"/> Environmental <input type="checkbox"/> Medication <input type="checkbox"/> Other <input type="checkbox"/> Asthma <input type="checkbox"/> Bedwetting <input type="checkbox"/> Bleeding/ Clotting Disorder <input type="checkbox"/> Cancer <input type="checkbox"/> Circulatory Problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Dizziness/ Fainting <input type="checkbox"/> Ear, Eye, Nose, Throat problems, issues, or infections <input type="checkbox"/> Epilepsy or other seizure disorder <input type="checkbox"/> Gastrointestinal Tract Issues, Ulcers <input type="checkbox"/> Headaches	<input type="checkbox"/> Head Injury, Concussion <input type="checkbox"/> Heart Defect/ Disease <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Hormone or Thyroid Issue <input type="checkbox"/> Hospitalization or Surgery <input type="checkbox"/> Hypertension, High Blood Pressure <input type="checkbox"/> Menstrual Cramps <input type="checkbox"/> Irregular Menstruation <input type="checkbox"/> Neurological Problems <input type="checkbox"/> Orthopedic Issues <input type="checkbox"/> Past Serious Injury <input type="checkbox"/> Physical Limitations <input type="checkbox"/> Skin Problems <input type="checkbox"/> Sleep Problems <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Vision (Contacts/Glasses) <input type="checkbox"/> Other Physical Health Concern

Mental Health
<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Anxiety/ Panic Attacks <input type="checkbox"/> Cognitive Difference <input type="checkbox"/> Depression <input type="checkbox"/> Eating Disorder (anorexia, bulimia, etc) <input type="checkbox"/> Learning Difference <input type="checkbox"/> Individual Education Plan <input type="checkbox"/> Self Harm <input type="checkbox"/> Substance Abuse/ Addiction <input type="checkbox"/> Suicidal Ideation or Attempt <input type="checkbox"/> Other Mental Health Concern

Nutritional Needs
<input type="checkbox"/> Dairy Free/ Lactose Intolerance <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Food Allergy <input type="checkbox"/> Other Nutritional Needs

Common Over The Counter (OTC) Medications	
Please put a line through medications you do not want given; those that remain will be offered when indicated for treating symptoms under the discretion and supervision of CGE Staff.	
Acetaminophen/Tylenol (pain reliever) Antibiotic ointment (prevent skin infection) Benadryl (allergic reaction) Claritin/Zyrtec (seasonal allergies) Cough Drops	Ginger Chew (nausea/upset stomach) Hydrocortisone 1% (itchiness) Ibuprofen (pain reliever) Imodium (anti-diarrheal) Electrolytes (dehydration) Tums (indigestion)

Please List Medications/Dose Taken & Why

Has your child been stung by a bee? If yes, what was the reaction?

Please list and explain any medical conditions our staff need to be aware of for the duration of this program:
