

ADULT REGISTRATION & MEDICAL CONSENT FORM

In accordance with the American Camping Association and the Laws of the State of California, we must have a Health History/Medical Consent Form completed and signed for each camper attending Riley's Farm Retreat events. You cannot begin the camp program unless this form is completed and the required signatures are provided. Please be aware that Riley's Farm does NOT provide medical or hospital insurance coverage.

Name _____ Age _____ D.O.B. ___/___/___ Sex ___ Ht ___ Wt ___
 Address _____ City _____ State _____ Zip _____
 Email _____ Dates of Camp ___/___/___ - ___/___/___ Group Name _____
 Emergency Contact _____ Relationship to Camper _____
 Day Time Phone (____) _____ Evening Phone (____) _____ Mobile (____) _____

Thank you for choosing Riley's Farm for your camping retreat. During your time at camp your photo may be taken which may be used on our website or used in materials to promote Riley's Farm. If you would rather not have your photo taken, please check here:

Also, we like to stay in touch with our guests through printed mailings and emails. If you do not want updates from Riley's check here:

REQUIRED MEDICAL INFORMATION:

Riley's Farm **REQUIRES** this information in order to provide appropriate medical response in the event of injury and/or illness while at camp. Riley's Farm is committed to protecting the confidentiality of this information.

Do you carry family medical/hospital insurance? Y / N

Insurance Carrier _____ Policy # _____

Name of Responsible Party _____

Address _____ Phone (____) _____ Relationship to Camper _____

Name of Family Physician _____ Phone (____) _____

Name of Family Dentist _____ Phone (____) _____

Have you been recently exposed (within last 3 weeks) to any kind of Communicable Disease? _____

If you have **ANY CHRONIC** condition which requires special accommodations be made by either your group first aid coordinator or Riley's Farm staff, the **SPECIAL MEDICAL NEEDS FORM MUST BE OBTAINED AND SUBMITTED AT LEAST 2 WEEKS PRIOR TO CAMP DATES**. If a camper with special needs comes to Riley's Farm without written authorization, the group or party may be asked to return the camper to his/her home.

Please list ALL allergies: Drug _____ Insect/Plant _____
 Food _____ Diet Restrictions _____

GENERAL HEALTH HISTORY: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/Does the camper:

- | | |
|--|--|
| 1. Ever been hospitalized ? <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Wear glasses/contacts... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery ? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses ? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease ?... <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had <u>mono</u> nucleosis in the last 12 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury ? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Have problems with falling asleep/insomnia?. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/shortness of breath?.. <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Ever had back/joint problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes ? <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Have any skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had siezures ? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Traveled outside the US in the past 9 months?[<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Please explain "Yes" answers below, noting the number of the questions. For travel outside the country, please name countries visited and dates.

By signing this form I give my informed consent to the First Aid personnel assigned by my group leaders or by Riley's Farm, who are certified in a minimum of CPR and First Aid by a nationally recognized provider to provide basic First Aid and comfort measures through standardized camp treatment procedures which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for any greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize my group leaders or Riley's Farm to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by my group leader or by Riley's Farm to secure and administer any and all medical treatment deemed necessary, including hospitalization.

I have requested Riley's Farm to allow me to participate in any and all activities that may be provided on their property as part of camp recreation, including but not limited to those outlined in the camp advertisements and communications. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my participation in these activities can expose me to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, and any other party who may have the right to assert any rights for or on behalf of myself, do hereby forever release and discharge, indemnify and hold harmless Riley's Farm, its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my participation in Riley's Farm camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein

Signature _____ **Date** _____