

AEI BASE CAMP HEALTH HISTORY FORM

(Please Print Neatly)

The proposed program by AEI Base Camp requires participation in physical activities, which are, by their nature, physically demanding. Many of the activities as well as being at high altitude will challenge you, both of which can cause surges in blood pressure and heart rates. It is also imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions, which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. **As required by the State of Colorado, participants under the age of 18 must submit a statement confirming a physical examination within the last 12 months by a physician or nurse practitioner.**

Name _____ Birth Date _____ Age _____

Health History: (Circle the appropriate response and describe any yes answers)

Have you had or do you currently have any heart problems, i.e., strokes, heart attacks, and/or heart related diseases? YES NO

Do you frequently suffer from pains/pressure in your chest? YES NO

Do you often feel faint or have spells of severe dizziness? YES NO

Has a doctor ever told you that you have high blood pressure? YES NO

Are you a smoker? YES NO

(NOTE: If you have had any heart related problems you will need to have a release from a physician in order to participate in any camp activities.)

Do you have arthritis, joint or back problems that might be aggravated by exercise? YES NO

Have you had any operations or serious injuries? (dates) YES NO

Do you have any disabilities or chronic recurring illness? YES NO

Are there any activities to be limited/discouraged by physician's advice? YES NO

Are you allergic to any medicines, insects or pollen? YES NO

Do you have Asthma? YES NO

Do you have Epilepsy? YES NO

Do you have Diabetes? YES NO

Do you have any prescribed meal plan or restrictions? YES NO

Are you currently sick and/or using a medication not listed above? YES NO

Do you carry family medical/hospital insurance? YES NO

Carrier: _____ Policy or Group # _____

Suggestions or health related information for A.E.I. Personnel: _____

General Health Statement: _____

REPRESENTATION AND EMERGENCY AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

I hereby give permission to the medical personnel selected by AEI Base Camp, or it's agents to order x-rays, routine tests and treatment as well as injection and/or anesthesia and/or surgery for me or my child as named above. Such authorization for emergency treatment shall also include, but not be limited to, charges incurred for the providing of aid and arranging evacuation if AEI Base Camp, or it's agents, determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____ Date: _____

Witness: _____ Date: _____



Please read carefully: This document must be signed by all Participants, including the Parent or Guardian (each referred to as "Parent") of a Participant who is a minor (under 18 years of age.) The Parent is signing on behalf of himself or herself and on behalf of the minor child.

Agreement to Participate: Including Assumption of Risks and Agreements of Release and Indemnity

In consideration of being allowed to participate in an Adventure Experience trip, organized and conducted by Adventure Experiences, LLC (dba AEI Base Camp) of Almont, CO, I, for myself and for any minor child of mine who participates, acknowledge and agree as follows:

The adventure experience in which I or the child will participate includes backpacking, camping, orienteering, hiking, rafting, kayaking, paddle boarding, challenge course activities (a network of cables, ropes, swings and platforms, as high as 50 feet off the ground, over which I or the child may walk and swing, with or without the assistance of other persons), rock climbing, fly fishing, outdoor games and others. These activities involve risks and hazards, including, among others, the following: those associated with traveling and camping in mountainous terrain; exposure to the natural elements, which may include heat, extreme cold and altitude, snow, sleet and rain, falling rocks and timber; and river crossings; dependence on other participants and staff; accidents or illness in remote places which may be many hours or days away from medical facilities; accidents associated with travel, by air, train, boat, ATV, horse, and automobile; and the carelessness of other participants and staff; and the failure of equipment. These and other risks and hazards are inherent in the activities of AEI and cannot be eliminated without significantly changing the nature of the activities.

I understand that these and other hazards and risks may result in loss or damage to personal property, and personal injuries, including falls, abrasions, sprains, breaks, cold water immersion, and other emotional and physical injuries, and, in extreme cases even death, including by drowning.

I represent that I, or the child, have no medical or emotional conditions which may adversely affect my or the child's participation in this adventure experience, or which may cause me, or my child to be a danger to ourselves or others. I have listed on the Health History Form provided by AEI any and all medical conditions of which I believe AEI should be aware. I understand that it is my responsibility, and mine only, to determine my or the child's suitability, medical or otherwise, for participation in the activities.

Acknowledgment and Assumption of All Risks

For myself and on behalf of a child of mine who participates, I assume all risks of the activities, inherent or otherwise and whether or not described above. If my child is the Participant, I have discussed the activities and risks with him or her and the child understands both and wishes to participate nevertheless. The child has signed below to reflect his or her understanding of the activities and risks, assumption of them and desire to participate.

Agreements of Release and Indemnity

For myself and on behalf of a child of mine who participates, I agree to release and hold harmless AEI, its shareholders, directors, officers, employees, agents and contractors ("Released Parties") from any and all claims which I or the child may now have or acquire in the future, **including claims of negligence but not claims of gross negligence and intentionally wrongful conduct**, as a result of or arising from my or the child's enrollment or participation in these activities.

I further agree to protect and indemnify (that is pay any judgment and costs, including attorney's fees) AEI and the other released parties from any claim of the child or of any third party, including rescuers, other participants in the activities of AEI and members of my or the child's family, arising from my or the child's enrollment or participation in these activities.

Other

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this Adventure Experiences trip/program. I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the program. I also understand that AEI and all of its representatives are in no position to determine whether I'm capable to participate in this program. My participation in this program is based on my decision to do so.

I agree to reimburse or pay any and all costs of AEI or any other released party associated with defending a claim brought by me or the child, to the extent that claim is dismissed or otherwise found to be without merit.

In the event of a dispute between me or the child and AEI or any released party, I agree to engage in good faith efforts to mediate that dispute. Unless otherwise agreed in writing, any mediation or suit may be conducted or filed only in Gunnison County, Colorado, and the laws of Colorado will apply to any such dispute, excepting only the laws of the State of Colorado which may apply the laws of another jurisdiction.

I authorize AEI to provide or obtain medical care for me or the child in the event of an incident requiring medical attention, and I further authorize AEI to exchange with any third-party medical care giver such information regarding my or the child's medical history or condition as may be deemed important to either of them.

I agree that I, or the child, will not consume or be under the influence of any chemical substance, including alcohol, during the activity. I, and the child, understand further that the activity and all aspects of it are purely voluntary and I or the child may choose not to participate. I agree that I, or the child, will follow all safety instructions. I agree to allow AEI to use photographic or other images of me or the child for marketing or any other purpose deemed reasonable by AEI.

Should any part of this agreement be deemed not enforceable by a Court of competent authority, the remainder of the agreement shall nevertheless remain in full force and effect.

Name of Participant

Signature of Parent or Guardian of Minor Participant

Signature of the Participant

Date

Health Statement by Licensed Medical Personnel

Participant's Name _____ Birth Date _____

Trip Dates _____

The program proposed for the above named participant requires participation in activities, which are physically challenging, at "high altitude" (9,000 to 13,000+ feet) and in a remote, wilderness environment. These factors can cause surges in blood pressure and heart rates as well as other conditions. Therefore, all participants must be free of medical or physical conditions, which might create undue risks to themselves or others. Your response to these questions will aid in the medical screening and care of the participant.

I have examined the above participant within 12 months of program date. Date of examination _____

In my opinion, the above participant is / is not able to participate in the described program.

Description of any limitation or restriction on program activities

The participant is under the care of a physician for the following conditions

Current treatment at the time of this report includes

Prescribed medications being used by participant

Over-the-counter medications used by participant

Any dietary restrictions _____

Known allergies or drug reactions

Signature of Physician or Nurse Practitioner _____

Printed Name _____ Title _____

Address _____

Phone _____ Date _____