

Please complete the following information and return it to:  
**Northwest Connections, P.O. Box 1309, Swan Valley, MT 59826**  
 Fax: (406) 754-3330

**Health Form**

|   |     |               |     |
|---|-----|---------------|-----|
| Name of participant (one form per participant):   |     |               |     |
| 1) Have you ever had any of the following medical problems? Please indicate the appropriate response. If "yes", please provide any pertinent information about the condition in an attached memo. |     |               |     |
|   | Yes | No            |     |
| Epilepsy/seizures   |     |               |     |
| Asthma or other respiratory disorders   |     |               |     |
| Diabetes  |     |               |     |
| Heart Disease   |     |               |     |
| Fainting episodes   |     |               |     |
| Bleeding Disorders  |     |               |     |
| Eating Disorders  |     |               |     |
| 2) Do you have any allergies?   |     |               |     |
| If yes, to what substances?   |     |               |     |
| What treatment do you require for an allergic reaction?   |     |               |     |
| 3) Have you had any surgery or been hospitalized in the past year?  |     |               |     |
|   | Yes | No            |     |
|   |     |               |     |
| If yes, describe the reason and the outcome:  |     |               |     |
| 4) Are there any medications prescribed for you?  |     |               |     |
|   | Yes | No            |     |
|   |     |               |     |
| If yes, give the name of the medication, the reason and directions for the prescription:  |     |               |     |
| 5) Are you known to be pregnant at present?   |     |               |     |
|   | Yes | No            | N/A |
|   |     |               |     |
| 6) Are there any other physical or psychological conditions that might limit or affect your participation during this trip?   |     |               |     |
|   | Yes |               | No  |
|   |     |               |     |
| If yes, explain:  |     |               |     |
| 7) In the event of an emergency, the following information will help us provide you with needed care. Your medical insurance provider is:   |     |               |     |
| Policy #:   |     |               |     |
| If there is an emergency, whom should we contact?   |     |               |     |
| Name:   |     | Relationship: |     |
| Address:  |     | Phone:        |     |
| Signature:  |     | Date:         |     |
| Parent/Guardian Signature:<br>(if under the age of 18)  |     |               |     |

## Northwest Connections

### *Acknowledgment of Risks and Liability Waiver (one form per participant)*

In consideration of the services of Northwest Connections, its employees, contractors, volunteers, and all other persons associated with it, I agree and acknowledge as follows:

I acknowledge that, during the projects, programs and/or classes I am participating in through Northwest Connections, risks may be involved, including certain risks that cannot be eliminated without destroying the unique character of project and program activities. The same elements that contribute to the unique character of project and program activities can be the causes of lost or damage to my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability, or death. Certain inherent risks associated with project and program activities include but are not limited to: the hazards of highway travel, the hazards of backcountry travel (such as winter travel or travel in mountainous terrain), inclement weather, the forces of nature, human error, accidents, illness, environmental hazards and exposure, animal encounters, and the physical and mental stresses of working, hiking, snowshoeing, and camping in varying climatic and geographic conditions. I am also aware that many activities of this project or program are physically and mentally challenging. I understand that project and program activities occur in remote places, days from medical facilities, and realize that due to the remote setting evacuations and medical care may be delayed. I understand that electronic communications are rarely brought on Northwest Connection activities, and even when brought, are often not reliable due to terrain, weather, and equipment failure. I am aware of the inherent risks in wilderness, backcountry, and front country travel, camping, and other activities and agree to assume responsibility for these risks and those inherent risks not specifically identified. My participation in this activity is purely voluntary and I elect to participate in spite of and with knowledge of the inherent risks.

I also acknowledge that during project or program activities decisions are made by staff, instructors, group leaders, and students based on a variety of perceptions and evaluations which by their nature are imprecise and subject to errors in judgment. There may also be times when students or workers are unsupervised for portions of a field activity, and will be ultimately be held responsible for their own safety and for the safety of others to the extent that their actions have bearing.

I understand that participation in this project or program may require a degree of skill and knowledge different from other activities, and that I have responsibilities as a participant. I understand that the staff and faculty of Northwest Connections will provide written materials, hands-on instruction, and be available to inform me to the nature and physical demands of program activities and the inherent risks, hazards and dangers associated with these activities, and it is my responsibility to read all materials provided and attend all field and safety instruction throughout the duration of Northwest Connections projects, programs, and activities.

Further, I have verified with my physician and/or medical professionals that I have no past or current physical or psychological condition that might affect my active participation in this project or program, other than as described on the Medical Form, and agree to immediately notify Northwest Connections of any significant changes relative to the Medical Form. I authorize Northwest Connections to obtain or provide emergency hospitalization, surgical or other medical care for me.

In consideration of the right to participate in all activities arranged by Northwest Connections as part of this project, course, or curriculum, I will and hereby do, assume all responsibility for the above mentioned risks, and those inherent risks not specifically identified, and will hold Northwest Connections, or any persons therein employed, harmless from any liability, actions, debts, claims, or demands of every kind which may arise from my participation in these activities. In addition, I understand that at any time I participate in any activity against the advisement of the group leader or project supervisor, that at that time I am no longer part of the Northwest Connections program and I am acting on my own.

By my signature, I am indicating that I have read and agree to the terms set forth by this Acknowledgment of Risks & Liability Waiver.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (day-time): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

If the participant is under 18, I am signing as parent or guardian to reflect my agreement to the terms set forth by this Acknowledgment of Risks and Liability Waiver.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_