

36 Sargent Camp Road  
Hancock, New Hampshire 03449-5913  
T 603-525-3311 F 603-525-4151  
[www.bu.edu/outdoor](http://www.bu.edu/outdoor)

### QUICKSTART: General Health Information

To make your program at Sargent Center as safe as possible, we need some important information regarding your health and any medical concerns you may have.

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Alt) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Are you taking any medications now? \_\_\_\_\_ If so, what and why? \_\_\_\_\_

List any drug allergies: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Describe your current exercise habits: \_\_\_\_\_

Do you have any heart problems? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Do you have any pre-existing injuries, handicaps or physical limitations that may limit your participation in the program? \_\_\_\_\_ Explain: \_\_\_\_\_

Are there any other issues we should be aware of? \_\_\_\_\_

If student will be under 18 on August 30, 2008:

*I, \_\_\_\_\_, authorize the treatment of my son/daughter by a licensed medical doctor in the event of an emergency. This authorization is granted only after reasonable effort has been made to contact me at the numbers above.*

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

*Please return this form to Sargent Center, Attention: QUICKSTART, by August 15<sup>th</sup>.*

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### **QUICKSTART: Acknowledgment of risk and liability release**

I wish to participate in the QUICKSTART program at Boston University Sargent Center (BUSC), Hancock, New Hampshire. I understand that during my involvement in this program I may be exposed to stressful and challenging situations including but not limited to, walking on uneven ground, tripping, or falling over natural and man-made objects, falling from ropes, logs, or cables suspended from trees or poles, running, jumping, climbing ladders, lifting and falling.

Program activities may include canoeing, kayaking, crossing a river on a raft, climbing up, across and down a series of rope or wire obstacles built into trees, ascending an artificial rock climbing tower, lifting and being lifted over a physical barrier, and/or participating in traditional and non-traditional field games. Each of these activities involves the risk of injury through trauma, and possibly death. Since some activities will take place out-of-doors, there are also risks of heat injury, insect or other animal bite, contact with poisonous plants and animals, injury from falling branches, and losing balance on wet or uneven surfaces.

Every effort has been made to limit the risk involved in each activity. Throughout the program, staff will update and point out specific hazards when appropriate as well as provide instruction and necessary safety equipment. If at any time I am in doubt about my safety, I will not proceed further until asking an instructor for help and/or input. I also understand that I share responsibility for safety and I assume that responsibility.

In consideration of the aforementioned, I hereby agree to assume all the risks in connection with my attendance at Sargent Center, and to release Boston University from any and all liabilities and claims whatsoever arising in connection with my participation in Sargent Center activities including travel, except insofar as such liabilities and claims arise out of BUSC's gross negligence or willful misconduct. I certify that I am physically fit enough to take part in these activities and will consult with a physician for any questions I may have about my fitness to participate in an active, outdoor program. I have supplied complete and accurate medical information to BUSC on a separate form, and I realize that my safety may be jeopardized if I do not disclose important facts about my health. I also understand that at all times I have complete control over the level of activity I choose to take on, and no coercion to participate further will be exerted by BUSC staff.

The term Boston University shall include the corporation named Trustees of Boston University and its successors, trustees, officers, agents, representatives, contractors and all persons for whose conduct the University is or could be legally responsible. I agree that the laws of the Commonwealth of Massachusetts shall govern this waiver and release. I affirm that I have read and understand this document.

**Media Release:** I AGREE / DO NOT AGREE (circle one) to be photographed or videotaped for Sargent Center use including, but not limited to brochures, websites, slide shows, and displays.

**If neither is indicated, consent is implied.**

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Participants under 18:

**Program Release:** As parent/ legal guardian of this minor, I affirm that I have read and understand this document AND I give permission for my son/ daughter to participate in Sargent Center programs.

**Media Release:** I AGREE / DO NOT AGREE (circle one) that my son/daughter may be photographed or videotaped for Sargent Center use including, but not limited to brochures, websites, slide shows, and displays.

**If neither is indicated, consent is implied.**

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return this form to Sargent Center, Attention: QUICKSTART, by August 15<sup>th</sup>.*