



# Eagle Bluff Environmental Learning Center FAMILY Medical Release Form

► All fields must be completed for participation

Last Name                      First Name                      Middle Initial                      Age                      Date of Birth                      Height                      Weight                      M/F

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Home Address \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Home Phone Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Relationship to You \_\_\_\_\_

Mailing Address (if differs from above) \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

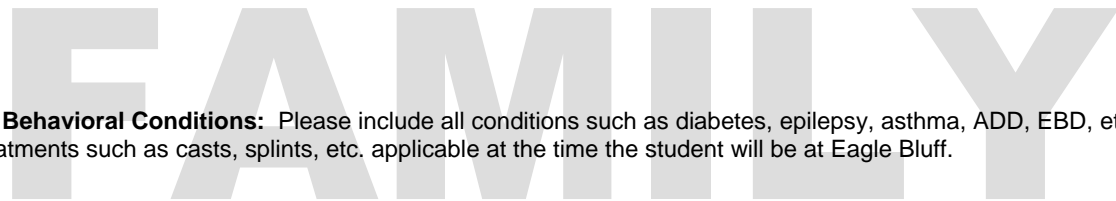
Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**Allergies & Intolerances:** Please list each person's allergies (to medications, insects, food, etc) and explain:

**Medications:** List all medications each person is currently taking and explain:

**Medical & Behavioral Conditions:** Please include all conditions such as diabetes, epilepsy, asthma, ADD, EBD, etc. Also include treatments such as casts, splints, etc. applicable at the time the student will be at Eagle Bluff.



Signature \_\_\_\_\_

Date \_\_\_\_\_

*NOTE: Failure to sign this form will prohibit your family from participating in all Eagle Bluff activities. Eagle Bluff Environmental Learning Center is an accredited, supplemental school. All medical information is kept confidential and all medical forms are kept for a period of two years. You are invited to request more information about Eagle Bluff programs, facilities, and policies at any time.*

**Please Read Authorization & Release Statement on Back** →

# Medical Authorization and Release Statement Agreement, Indemnification, And Assumption Of Risk

## Message from Joe Deden, Eagle Bluff's Executive Director:

Over the last three years our insurance costs have risen dramatically (300+% increase). We have not had any losses over the same time period to warrant these increases. Our current insurance carrier, Insurance Exchange Brokerage Service, is requiring us to have you - the parent, guardian, or legal aged participant of our classes, specifically the high ropes course, rock climbing wall, or group challenge course – to agree to the following release statement. The statement explains possible risks inherent with completing outdoor activities.

Our goal at Eagle Bluff is to provide safe learning experiences for all our participants. Our high ropes course, group challenge course, rock climbing wall, and all equipment are inspected regularly and are structurally sound. In addition, each participant receives safety instruction and an equipment check by a trained Eagle Bluff staff member. Each course has thousands of users every year and we have never had any major injuries. We adhere to the highest standards of safety and supervision in every class that we offer.

If you have any questions or concerns, please call me personally at (507) 467-2437, extension 104.

## ***By signing the front of this form, I agree to the following...***

I acknowledge that my family's participation in individual and group initiatives, problem solving exercises, and personal growth and development training activities entails known and unanticipated risks that could result in physical or emotional injury, or death to my family, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

We also agree to comply with all Eagle Bluff rules and policies and to cooperate with Eagle Bluff personnel. We understand and agree that if we fail to comply with the rules and policies, we may be expelled from Eagle Bluff and sent home at our expense.

We hereby wish to participate in Eagle Bluff activities and further agree to the terms herein contained. We agree to indemnify and hold harmless Eagle Bluff Environmental Learning Center, Inc. (hereinafter collectively referred to as EBELC) from any and all claims, demands, or causes of action which are brought by myself and/or on behalf of myself against EBELC, and which are in any way connected with such use or participation. In the event that we file a lawsuit against EBELC, we agree to do so solely in the state of Minnesota, and we further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. We agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I hereby represent that we are in good health, that I have identified all medical conditions associated with my family, and that I have adequately informed EBELC personnel of any special instructions regarding their participation. I certify that I have adequate insurance to cover any injury or damage that my family may suffer while participating, or else we agree to bear the costs of such injury or damage ourselves.

I authorize EBELC personnel to call for medical care or to transport my family to a medical facility or hospital if, in the opinion of such personnel, we need medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for my family's health, in their professional opinion. I agree that once we are in the care of medical personnel or a medical facility, EBELC shall have no further responsibility for the situation and we agree to pay all costs associated with such medical care and transportation.

## Optional Eagle Bluff Information:

**Yes**, I would like to receive periodic email updates about Eagle Bluff events and programs.

**Email address:** \_\_\_\_\_

**No**, I do not wish to receive information about Eagle Bluff ELC.

I deny Eagle Bluff permission to take pictures of my family.