



Teton Science Schools ADULT/STUDENT MEDICAL INFORMATION

Short Form

Program Name(s) _____ Program Date(s) _____
Include names/dates of all programs attending. **All information on this form must be complete, including signatures, prior to participation.**

General Participant Information

This information will be shared only with Teton Science Schools (TSS) personnel, consulting and treating medical personnel and other individuals working with TSS. Otherwise the information will remain confidential.

Name _____ Date of Birth _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

In case of emergency, what relative, neighbor or friend should be called?

Name _____ Relationship _____ Phone # _____

Pre-Existing Conditions

Do you have a **pre-existing medical condition** that might affect your participation in an active outdoor program? If yes, please describe this condition below. YES NO

Medications/Allergies

Are you currently taking any medication? If yes, what type, dosage and medical condition? If more space is needed, attach a separate sheet. YES NO

Are you allergic to any medications, foods or environmental stimuli (bee stings, etc.)? If yes, please explain below. YES NO

Optional

Each participant is responsible for his/her own medical expenses.

Health Insurance Provider _____

Policy Number _____ Phone _____

Physician _____ Phone _____

Participant or Parents/Legal Guardians ("parents") of Minor Participants – Medical Authorization and Permission

I authorize TSS staff, contractors or other medical personnel to obtain or provide medical care for me/my child, to transport me or my child to a medical facility and to secure treatment (including but not limited to routine or emergency health care, hospitalization, injection, anesthesia or surgery) they consider necessary for my/my child's health. I agree to pay all costs associated with that care and transportation and agree to the release (to or by TSS) of any medical records necessary for treatment, referral, billing or insurance purposes. Note to parents of minor participants: except to the extent limited by this form, my child has permission to participate in all TSS activities. I authorize that all information on this form is accurate and complete and I have not withheld any information.

For participants under the age of 18 yrs. (minors): Participants over the age of 12 yrs. AND one or preferably both parents of minor participant must sign this form.

Participant Signature (parents may print the name for those participants under 12 yrs. old) _____ Date _____ Print name here _____

Parent 1 _____ /Parent 2 _____

Parent or Legal Guardian Signature _____ Date _____ Print name here _____ /Parent or Legal Guardian Signature _____ Date _____ Print name here _____



Teton Science Schools, Inc.: Acknowledgment And Assumption of Risks & Release And Indemnity Agreement
(Adult and child participants – SHORT FORM)

INTRODUCTION

Please read this entire Acknowledgment and Assumption of Risks & Release and Indemnity Agreement (hereafter 'Document') carefully before signing. All participants 12 yrs. of age or older must sign this Document. For participants under 18 yrs. of age (hereafter sometimes 'minor' or 'child'), one or both parent/s or legal guardian/s (hereafter collectively 'parent/s') must also sign and parent/s may print the name (instead of a signature) for those participants under 12 yrs. of age. In consideration of the services of Teton Science Schools, Inc., and its officers, directors, employees, representatives, agents, volunteers, independent contractors and all other persons or entities associated with it (collectively referred to in this Document as 'TSS'), I (participant and parent/s of a minor participant) acknowledge and agree as follows:

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

TSS educational and/or adventure and recreation activities on or off TSS premises (which may be scheduled or unscheduled, supervised or unsupervised or occur during free time), including those offered through the variety of TSS programs, may include, but are not limited to: hiking; nature walks; wildlife viewing; canoeing; bird banding; handling animals; avalanche or other course instruction and travel in trams, chairlifts or other means or in vans, buses and other vehicles (collectively referred to in this Document as 'activities'). Participants may engage in these activities independently or as conducted by TSS staff or contractors. I acknowledge that the inherent and other risks, hazards and dangers of these activities can cause injury, property damage, illness, mental or emotional trauma, paralysis, disability or death to participant or others. Some, but not all of these risks include travel in high-altitude, mountainous or wilderness terrain; unpredictable and hazardous ground, water or weather conditions, including uneven terrain and extreme air or water temperatures; exposure to burns or sunburns; misjudgments made by TSS staff, contractors or others; close and unpredictable contact with wildlife; allergic reactions or injury from plants or stinging, venomous or disease carrying animals or insects; the potential that the participant or others (e.g. co-participant, driver, medical or rescue personnel) may act carelessly or recklessly; personal health risks (disclosed or undisclosed, known or unknown) and equipment that can be misused or can fail or malfunction. I understand that TSS staff members or contractors cannot assure my safety or eliminate any of these risks. Parent/s of minor participants agree to discuss the nature of these activities and risks with their child. During both supervised and unsupervised activities, all participants share in the responsibility for their own safety and agree to follow all TSS rules and policies. Participant is voluntarily participating with knowledge of the risks. Therefore, participant (and parent/s of minors) assumes and accepts full responsibility for the inherent and other risks (both known and unknown) of these activities and for any injury, damage, death or other loss suffered by participant (and parent/s of minors), resulting from those risks and/or resulting from participant's negligence or other misconduct.

RELEASE AND INDEMNITY AGREEMENT

Please read carefully. This Release and Indemnity Agreement contains a surrender of certain legal rights. Certain federal land agencies (including the National Park Service and some regions of the U.S. Forest Service) restrict service providers, including TSS, from seeking releases of liability for negligence, for injuries or other losses occurring while operating under permit or concession on those federal lands. Therefore, except to the extent a court determines these federal restrictions are enforceable against TSS as a matter of law, I (adult participant or parent/s for themselves and for and on behalf of their participating minor child) agree as follows:

- 1) to release and agree not to sue TSS with respect to any and all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter collectively 'claim' or 'claim/s') for any injury, damage, death or other loss in any way connected with my/my child's enrollment or participation in these activities or use of TSS equipment, facilities or premises. I understand that in signing this Document, I, my child and anyone acting on my or my child's behalf, surrender all rights to make a claim against TSS as a result of any injury, damage, death or other loss suffered by me or my child;
- 2) to defend and indemnify ('indemnify' meaning protect by reimbursement or payment) TSS with respect to any and all claim/s brought by or on behalf of me, my child, spouse or other family member, a co-participant or any other person for any injury, damage, death or other loss in any way connected with my/my child's enrollment or participation in these activities or use of TSS equipment, facilities or premises.

This Release and Indemnity Agreement includes claim/s resulting from TSS' negligence (but not its willful or wanton misconduct), and includes claim/s for personal injury or wrongful death (including claim/s related to emergency or medical response, assessment or treatment), property damage, breach of contract or any other claim.

CONCLUSION

I (participant and parent/s of a minor participant) agree that Wyoming substantive law (without regard to its 'conflict of laws' rules) govern this Document, any dispute I have with TSS and all other aspects of my relationship with TSS and that any mediation, suit or other proceeding must be filed or entered into only in Teton County, Wyoming. I agree to attempt to settle any dispute (that cannot be settled by discussion) through mediation before a mutually acceptable Wyoming mediator. I authorize TSS staff, representatives, contractors or other medical personnel to obtain or provide medical care for participant, to transport participant to a medical facility and to provide treatment they consider necessary for participant's health. I agree to pay all costs associated with that care and transportation. I agree to the release (to or by TSS) of any medical records necessary for treatment, referral, billing or insurance purposes. I authorize TSS to use my or my child's photo or image in any manner for advertising, display, audiovisual, electronic or other use. This Document is intended to be interpreted and enforced to the fullest extent allowed by law. If any portion of this Document is deemed unlawful or unenforceable it shall not affect the remaining provisions, and those remaining provisions shall continue in full force and effect.

Participant and parent/s of a minor participant agree: I have carefully read, understand and voluntarily sign this Document, and acknowledge that it shall be effective and binding upon me, my minor children, spouse and other family members and my heirs, executors, representatives and estate. One or preferably both parent/s must sign below for any participating minor (those under 18 yrs. of age).

Participant Signature (parent/s may print name for those participants under 12 yrs. old) Date Print Name Here

Parent 1 / Parent 2
Parent or Legal Guardian Signature Date Print name here / Parent or Legal Guardian Signature Date Print name here

VISITOR'S ACKNOWLEDGMENT OF RISKS

Required for Teton Science School Wildlife Expeditions participants' travel on National Park Service lands

In consideration of the services of Teton Science School, Inc., and its officers, agents, employees, and stockholders, and all other entities associated with those businesses, hereinafter collectively referred to as "TSS", I, (participant, and the parent or legal guardian of a minor participant), agree as follows:

Although TSS has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy activities for which I may not be skilled, TSS has informed me that these activities are not without risk. Certain risks are inherent in these activities and cannot be eliminated without destroying the unique character of the activities. These inherent risks are some of the same elements that contribute to the unique character of the activities and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. TSS does not want to frighten me or reduce my enthusiasm of these activities, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks:

Risks associated with travel. Travel may be on foot or by vehicle (e.g. vans, cars, buses), raft, sleigh, or other means, and may be over rough and unpredictable terrain or via routes, lakes, rivers, hiking trails, and roads in snow, rain, or other adverse weather conditions.

Risks connected with geographic location. Activities may take place in remote places, several hours from medical facilities, causing potential delays or difficulties in communication, transportation, evacuation and medical care.

Equipment risks. The risk that equipment used in an activity may be misused or may break, fail or malfunction.

Risks present in an outdoor or wilderness environment. These risks include travel in high altitude, mountainous or wilderness terrain both on and off trail. Travel may be subject to lightning; strong winds; fast moving rivers or other water bodies; difficult stream crossings, currents or whitewater; falling rocks; extremely hot (geothermal) or cold weather or water; snow and ice; avalanche dangers; fallen timber; stinging, venomous, or disease carrying animals or insects; poisonous plants; wild animals (including close and unpredictable contact with wildlife) and other natural or man-made hazards. Hazards may not be marked or visible and weather is unpredictable year around.

Risks involved in decision-making. These risks include the risk that a TSS staff member, volunteer or contractor may misjudge a participant's capabilities, health or physical condition, or misjudge some aspect of instruction, medical treatment, weather, terrain, water level, or, river and/or terrain route location.

Personal health and participation risks. The risk that participant's mental, physical or emotional condition (disclosed or undisclosed, known or unknown) combined with participation in these activities could result in injury, damage, death or other loss. Although TSS personnel may review participant's submitted health information, TSS cannot anticipate or eliminate risks or complications posed by participant's mental, physical or emotional condition.

Risks regarding conduct. The potential that participant, or other participants or third parties may act carelessly or recklessly either during the activities, or during free and/or unstructured time.

Risks associated with riding in vehicles. Risks include, but are not limited to vehicular accidents, rollovers or injury associated with extending the body through the roof hatch. Participants must remain seated at all times when the vehicle is moving and must wear seatbelts when available.

Risks associated with firearms. This includes the risk of being shot or struck by accidental discharge or malfunction of a firearm, while traveling in or near areas where firearms are used.

Other risks that are generally associated with educational, instructional, recreation and/or adventure activities.

These and other risks may result in participants: falling; being struck; colliding with objects or people; experiencing vehicle or boat capsize, collision or rollover; reacting to high altitudes, weather conditions or increased exertion; becoming lost or disoriented; suffering gastrointestinal complications or allergic reactions or experiencing other problems. These and other circumstances may cause heat or cold related illness (such as hypothermia, hyperthermia, heat stroke or exhaustion, or frostbite); dehydration; drowning; high altitude sickness; heart or lung complications; broken bones; paralysis; concussions; sunburn or other burns; mental or emotional trauma or other injury, damage, death or loss.

I am aware that Wildlife Expeditions' educational, instructional, recreation and/or adventure activities, including but not limited to: wildlife viewing in or outside vehicles; travel in vans, buses and other vehicles; nature walks and hikes; rafting or other boating and related activities (collectively "activities") entail risks of injury or death to any participant. I understand the description of these activities and inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in these activities is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in these activities may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of TSS has been available to more fully explain to me the nature and physical demands of these activities and the inherent risks, hazards, and dangers associated with these activities.

I certify that I am (or my minor child is) fully capable of participating in these activities. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and, as a result of my (or my child's) negligence in participating in these activities.

I have carefully read, clearly understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative and estate and for all members of my family, including my minor children.

Signature	Date
Signature of Parent or Guardian, if participant is under 18 yrs. of age	Date