



Teton Science Schools ADULT MEDICAL INFORMATION

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 _____ Phone _____
Date of Birth _____ Gender? M F E-mail address _____
Mailing Address _____ City _____ State _____ Zip Code _____

INSURANCE: Each participant is responsible for her/his own medical expenses. Medical insurance is recommended but not required.

Medical Insurance Company Name _____
Phone _____ Policy Number _____

Physician _____ Phone _____
In case of emergency, what relative, neighbor or friend should be called?
Name _____ Relationship _____
Address _____ Phone _____

Pre-Existing Conditions Only

If you have a **pre-existing condition** that might be affected by your participation in an active outdoor program at elevations exceeding 6,000 feet above sea level, please describe this condition and have your physician fill out and sign all sections below. **Fill out this section only if you believe that you may have such a pre-existing condition.**

Description of condition _____

Medication taken, dosage and timing _____

Other special instructions or precautions _____

Physician's statement:
I _____ have examined _____
(Physician - please print) (TSS Participant)
and recommend that she/he can participate in Teton Science Schools programs.

Signed _____ Date _____
(Physician)

Over Please

Participant Medical History

Some of the activities may be strenuous, especially depending on your familiarity with them and your physical condition. The ability to walk several miles without undue fatigue indicates reasonable physical condition. Any previous knee or ankle problems, excessive weight or allergies to food, medicine or insect bites are also of particular concern. The following information is important and will help us avoid health or medical problems before they occur.

Age _____ Height _____ Weight _____ Date of last tetanus shot _____

Please **explain any YES answers** on lines provided to right. **Attach additional sheet(s) if necessary.**

1. Any adverse reactions to medication? YES NO 1. _____
2. Are you currently taking any medication? YES NO 2. _____
(If yes, what type, dosage and medical condition? Attach a separate sheet as needed.)
3. Any allergic reactions to food/medications/environment? YES NO 3. _____
(If yes, please describe in detail)
4. Any dietary restrictions? Please explain. YES NO 4. _____
5. Have you ever been stung by a bee? YES NO 5. _____
(If yes, explain any allergic reactions.)
6. Any respiratory problems? YES NO 6. _____
(If you have an inhaler, you are **required** to carry it at all times.)
7. Any heart defects? YES NO 7. _____
8. Do you have diabetes? Describe Type. YES NO 8. _____
9. Any history of seizures, convulsions, epilepsy or other medical disorders? YES NO 9. _____
10. Any ankle/knee/hip or other joint problems? YES NO 10. _____
11. Have you consulted a **mental** health care professional in the past two years? Please explain. YES NO 11. _____
12. Do you have any other medical conditions that may preclude strenuous activities? YES NO 12. _____

Significant Three Year Medical History (use extra page if necessary): Please list your medical history including hernias, ulcers, head injuries, cancer, arthritis, scoliosis, hearing/vision problems, learning differences, eating disorders or other illnesses (use extra page if necessary). In addition, please note if you have any pre-existing medical conditions. If pre-existing medical conditions may be affected by participation in daily activities at the Science Schools, please have your doctor document these conditions and give approval or agree to discuss the condition with a Teton Science Schools representative.

Year	Illness/Accident/Eating Disorder/Learning Difference	Implications

Participant Medical Authorization

I authorize Teton Science Schools (TSS) staff, contractors or other medical personnel to obtain or provide medical care for me, to transport me 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 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. I authorize that all information on this form is accurate and complete and I have not withheld any information.

Signed _____ Date _____



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

INTRODUCTION

Please read this entire Acknowledgment and Assumption of Risks & Release and Indemnity Agreement (hereafter 'Document') carefully before signing. All participants 12 years of age and 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:

Teton Science Schools contracts with individuals or organizations that are independent contractors (not their employees or agents) to provide some of the services and to conduct some of the activities in which participants may engage. Although Teton Science Schools has made efforts to locate responsible contractors, it does not supervise or control these contractors and is not responsible for their conduct. Participant (and parent/s) acknowledge that they may independently investigate and assess these organizations and activities, if they desire.

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 & backpacking; camping; canoeing; swimming; river rafting; cross-country skiing; snowshoeing; sleigh riding; instruction (including realistic and simulated experiences) in wilderness medicine, including first aid and rescue; service and research projects; wildlife and nature observation and travel in trams, chairlifts or other means, or in vans, buses and other vehicles (collectively referred to in this Document as 'activities'). I acknowledge that the inherent and other risks, hazards and dangers (collectively referred to in this Document as 'risks') of these activities can cause injury, damage, death or other loss to participant or others. Parent/s of minor participants agree to discuss the nature of these activities and risks with their child. The following describes some, but not all of those risks:

Risks associated with travel. Travel may be on foot; by raft, canoe, sleigh, skis, snowshoes; via mechanized travel such as vehicle, airplane, train, boat, snow vehicle, tram, chairlift or by other means and may be over rough and unpredictable terrain or via routes, lakes, rivers, hiking trail and roads in snow, rain or other adverse weather conditions.

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

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 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 and conduct, including, without limitation, 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 will review participant's 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 (e.g., driver, rescue squad, hospital) may act carelessly or recklessly.

Risks associated with riding in vehicles. Participants may ride in vans, cars, buses or other vehicles for program purposes. 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 premises. Slippery walkways, uneven ground, ruts, boulders or other conditions may exist in and around TSS. Participants may engage in TSS chores using TSS tools and materials.

Participants may have free time before and after the start of a course or class and at various other times while they are with TSS.

Risks associated with cooking and camping. Risks include gas explosion, scalding or other burns associated with cooking over a gas stove or open fire, and water contamination in natural water sources. All water may be contaminated and should be disinfected, filtered or boiled before use.

Risks associated with travel in areas where firearms are allowed, including, without limitation, the risk of being shot or struck by accidental discharge or malfunction of a firearm.

Research and service project risks including, without limitation, risks associated with activities such as handling wild or domestic animals, building, fence removal, digging, lifting, construction, maintenance and repair (including trail work). Projects may involve the use of hand tools, power tools, trail maintenance tools and ladders; chemicals for soils and water quality testing and electronic equipment such as telemetry receivers, GPS units and sensors.

Such other risks that are generally associated with educational and/or adventure and recreation activities.

These and other risks may result in participants: falling; being struck; colliding with objects or people; experiencing vehicle or boat capsizing or collision; 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 hypothermia, dehydration, heat exhaustion, frostbite, 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 (participant and parent/s of a minor participant) agree:

- to accurately complete the appropriate TSS forms, to abide by the terms of those documents and to follow all TSS rules and policies;
- to review all TSS program information and materials received, and I understand that TSS staff members are available should I have other questions about the nature and physical demands of these activities or the associated risks;
- If participant has any mental, physical or emotional conditions or limitations which might affect his/her ability to participate, I agree to disclose those to TSS and represent that participant is fully capable of participating without causing harm to him or herself or others;
- During both supervised and unsupervised activities, all participants share in the responsibility for their own safety;
- TSS staff or contractors cannot assure participant's safety or eliminate any of these risks.

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:**

1) **to release and 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:
(a) brought by or on behalf of me, my child, spouse or other family member 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; and/or
(b) brought by a co-participant or any other person for any injury, damage, death or other loss to the extent caused by my/my child's conduct in the course of participating in these activities or using 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) governs 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
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Signature of Parent or Guardian, if participant is under 18 yrs. of age	Date
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