

Rancocas Pathways, Inc. Mailing Address: 16 Broad St Mt. Holly NJ 08060

609-267-0010 www.rcnwt.com

HEALTH HISTORY

NAME

DATE:

WE REQUIRE FULL DISCLOSURE OF YOUR CURRENT HEALTH. THE INFORMATION YOU PROVIDE MAY ASSIST PEOPLE IN THE UNLIKELY EVENT OF AN ACCIDENT. THEREFORE, BEFORE YOU FILL THIS FORM OUT, PLEASE READ IT CAREFULLY; FULL AND ACCURATE COMPLETION OF ALL SECTIONS IS VERY IMPORTANT.

Gender: M or F

Age: years.

Birthdate:

Home Address:

City:

ST:

Zip Code:

Home Phone:

Email Address:

Cell Phone:

Occupation (optional):

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name:

Relationship:

Home Phone:

Work Phone:

PLEASE LIST ALL INFORMATION REGARDING THE FOLLOWING:

Anaphylaxis/Allergies: No

Musculoskeletal:injuries: No Yes - describe:

History of Heart Disease: No Yes - describe:

Seizures: No

Diabetes: No

Asthma: No

Poor Vision or Hearing: No Yes - describe:

History of heat or solar injuries: No

Are you taking any medications for any medical issues listed above?: No Yes - describe (why used, any side affects, etc):

For cold weather and foul weather kayak and excursions:

History of Injury: No Yes - describe:

History of Illness: No

Past Experiences of Kayaking: _____

Can you swim? No Yes - ability:

First Aid Training? No

Do you wear glasses/contact lenses? No Yes

Do you have dentures/false teeth? No Yes

Note Any and all Health Issues or Limitations that you might have:

By signing and participating in a RP Inc. activity you agree to always wear a USCG approved life jacket or personal floatation device (PFD), that the PFD if removed results in injury or illness than the person who signed this and other liability forms is 100% and solely responsible for such actions and that RP, Inc. is not at fault. Failure to wear a PFD voids any and all responsibility on behalf of RP, Inc..

Risk Management – By signing this and associated risk and release paperwork the signer acknowledges they have been briefed on all areas of risk management for the purpose of kayak tours and excursions on the N Branch of the Rancocas Creek. Such areas include and are covered in the pre-trip conference include pre-event, event and post event issues and concerns.

_____ Signature _____ Age _____ Date

I HAVE READ THIS AGREEMENT (on this and the preceding page), FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.

Participants Full Name

X _____
PARTICIPANT SIGNATURE

AGE: _____

Date

X _____
SIGNATURE (print name)
for participants under age 18

_____ Date PARENT/GUARDIAN'S