

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

609-267-0010 www.rcnwt.com

### HEALTH HISTORY for Up-Country Bouldering Grotto

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 at the Up-Country Bouldering Grotto now known as UCBG you agree to always Boulder Safe following specific guidelines provided by UCBG and if you ignore and disregard such specific advice it may result 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 Bouldering Safe protocols 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 Any and all activity found at and upon the UCBG and are covered in the pre-trip bouldering 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