

G.O.R.P.

Medical History and Emergency Form

This form must be filled out by the G.O.R.P. participant or a parent/legal guardian if participant is under the age of 18. For your safety and for our records, please answer the following questions in detail and sign at the bottom of the page. The La Vida G.O.R.P. carries accident and illness insurance, but it is limited.

Name _____ Male _____ Female _____
Address _____ Date of birth _____
City _____ State _____ Zip _____ Age _____
Home phone _____ Other phone _____
Group/Organization _____ Group Leader _____

Emergency/injury contact _____ Relationship _____
Home phone _____ Cell phone _____ Work phone _____
Address (if different from above) _____
Physician _____ Phone _____

Are you covered by a hospitalization or medical care policy? _____

Name of insurance company _____

Address _____

City _____ State _____ Zip _____ Policy # _____

Have you had any of the following?

1. Major injury to back, joints, bones.....
2. Sensitivity to insect bites.....
3. Dizziness, loss of consciousness, fainting.....
4. Low or high blood pressure.....
5. Chest pain, shortness of breath palpitations, heart murmur, heart disease, swelling of ankles...
6. Impairment of sight or hearing.....
7. History of diabetes.....
8. History of epilepsy or stroke.....
9. Hemophilia or bleeding.....
10. Asthma or respiratory disease.....
11. Recent surgery.....
12. Artificial limbs.....
13. Pacemaker, hearing aids.....
14. Allergies.....
15. (Women) Are you pregnant?.....

Circle One	Specify/date
yes no	
yes no	
yes no	
yes no	
yes no	
yes no	
yes no	
yes no	
yes no	
yes no	
yes no	
yes no	
yes no	
yes no	
yes no	

Explain any "yes" answers _____

Are you currently taking any medications? _____ If so, what type? _____

Present physical condition? _____ Excellent _____ Good _____ Fair _____ Poor

Is there anything else we should know about the camper? (Mental illness, learning disabilities, etc.) _____

Consent is hereby given for the applicant to attend a G.O.R.P. experience and, in case of an emergency, permission is given to the G.O.R.P. instructors to secure proper medical care. I acknowledge that the information above is accurate and true.

Signature of Applicant or of parent or guardian if applicant is under age 18 _____ Date _____

G.O.R.P.
Release and Assumption of Risk
Photo Release Form

Since La Vida's beginning in 1970, it has had an excellent safety record. All activities are well within safety limits and standard procedures are strictly enforced by trained instructors. The La Vida policy, "Challenge by Choice", means that each participant determines the level and extent of their participation. The staff will encourage participants to try each activity, but will not use or allow peer pressure to force any participant to do anything they would prefer not to do.

But we are required by law to inform each participant of the risk and danger involved in adventure activities. Therefore, this "Release and Assumption of Risk" form has been drawn up and must be signed by each participant and the parents of minors.

I am aware that during GORP certain risks and dangers may occur which are out of the control of the instructors. I further realize that I will be participating in activities in which the risk of an accident may be greater than in my normal way of life.

In consideration of the right to participate in such GORP activities, I have and do hereby assume all the above risks, and will hold Gordon College, and the GORP Instructors harmless from all liability, actions, causes of actions, debts, claims, and demands of every kind and nature which might arise in conjunction with my participation in GORP

I also acknowledge the fact that the instructors have the right to terminate my participation in La Vida because of my health or physical condition. I agree that the decision of the instructors shall be binding upon me.

Release and Assumption of Risk Signature

Name of Participant

Signature of Participant or Parent/Legal Guardian if under 18

Date _____

Photo Release

I give La Vida and Gordon College permission to use any and all photos taken of me, during any and all La Vida activities for promotional materials.

Signature of Participant or Parent/Legal Guardian if under 18

Date _____