

By applying for this outing, I agree to help with daily group camp chores.

The Trails Club is not responsible for providing or arranging your outing transportation to or from the outing.

Please print your answers clearly.

Membership Status (select one): Club Member  FWOC Member  Non-Member

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_ DOB: \_\_\_\_\_

Experience as relates to this outing: Please list training and experience such as other outings attended current fitness program, etc. Attach an additional page if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any medical or physical condition the leader should be aware of: \_\_\_\_\_

\_\_\_\_\_

Have you passed a recent First Aid Class? \_\_\_\_\_ When? \_\_\_\_\_ CPR Class? \_\_\_\_\_ When? \_\_\_\_\_

**RECOGNITION OF RISKS**

The Trails Club of Oregon was organized in 1915 and currently promotes the enjoyment of outdoor activities such as trail hiking, mountain and rock climbing, skiing, cycling, swimming, camping, and other similar activities involving the out-of-doors. While the club has had an excellent safety record, it is the responsibility of the Trails Club of Oregon to inform you that these activities, although peaceful in nature, can be dangerous and as such can cause severe injury and even death due to conditions and forces which we cannot predict. Having made you aware of these facts, the Trails Club of Oregon believes you must make your own decision regarding participation in these activities.

**DECLARATION OF INTENT**

I acknowledge that the Trails Club of Oregon has apprised me of the dangers and hazards, hidden or apparent, in the various activities it sponsors, as outlined above, and I elect to accept such risks and undertake these activities on my own responsibility. My signature below signifies I hereby, for myself, my heirs, and personal representatives, release and forever discharge the Trails Club of Oregon and its elected officers from any claims or demands for resultant injuries or even death, sustained by me, while participating in a Club sponsored event. Furthermore, I am financially responsible for the costs of any medical treatment or evacuations, requested by me or others on my behalf, should I become seriously ill or injured.

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of parent or guardian if applicant is under 18** \_\_\_\_\_ **Date** \_\_\_\_\_

Please print your answers clearly. This form will be kept confidential.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number(s) \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

Clinic Name & Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Medical Insurance**

Name: \_\_\_\_\_ Group/Policy#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**The following information is necessary before participation in this Trails Club Outing. It is essential to have this information in case of illness or accident. Attach additional page if necessary.**

1. Do you have any current medical problems, issues or limitations? No \_\_\_ Yes \_\_\_

If yes, please explain:

2. Have you had any previous medical conditions of which we should be aware? No \_\_\_ Yes \_\_\_

If yes, please explain:

3. List your current prescriptions, natural, and over-the-counter medication (aspirin & etc.) that you are now taking or have taken in the last few months: (drug name, dosage and frequency).

\_\_\_\_\_  
\_\_\_\_\_

4. Allergies to food, medications, or the environment? No \_\_\_ Yes \_\_\_ Please list:

5. Current tetanus immunization? No \_\_\_ Yes \_\_\_ Please list date:

**The Outing leader will keep a copy of this during the outing in case it is needed. Please keep a copy of this completed form with you at all times during the outing.**

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian if applicant is under 18 \_\_\_\_\_ Date \_\_\_\_\_