

**HAWC – HORIZONS ADVENTURE & WILDERNESS CENTER  
OF BETHEL HORIZONS  
Health Information**

1. Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

2. Group Name: \_\_\_\_\_ Program Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_ (H) Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

3. Do you have health/accident insurance? Yes/No. If yes, identify and explain:  
\_\_\_\_\_

Certain health/medical information must be made known to the instructor(s) conducting programs so that they are prepared to respond appropriately if the need arises. This information will be held in confidence.

4. Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
In case of emergency, notify: \_\_\_\_\_ (H) Phone: \_\_\_\_\_  
(W) Phone \_\_\_\_\_ Cell: \_\_\_\_\_  
Alternate to contact: \_\_\_\_\_ (H) Phone: \_\_\_\_\_  
(W) Phone \_\_\_\_\_ Cell: \_\_\_\_\_

5. Do you have any limiting physical disabilities or handicaps (temporary or permanent?) Yes/No. If yes, identify and explain: \_\_\_\_\_

6. Are you currently taking medication (prescribed or otherwise; e.g. cold medicine)?  
Yes/No. If yes, identify and explain: \_\_\_\_\_

7. Do you have any allergies, reactions to medications, and any other medical limitations?  
Yes/No. If yes, identify and explain: \_\_\_\_\_

8. Do you have special dietary considerations? Yes/No. If yes, identify and explain:

9. \_\_\_\_\_  
10. \_\_\_\_\_ Date of most recent tetanus booster: \_\_\_\_\_

Your signature below indicates that you fully understand and give permission for any medical, surgical or nursing service while the said participant (you, or, in the case of a minor as a participant, your child) is attending the program. Bethel Horizons' will notify the listed contacts immediately of any injury or serious illness of the said participant or your group's leadership, should it develop. Only approved physicians and/or nurses will provide emergency care.

Participant's & Parent's/Legal Guardian's Signature & Date:

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**HAWC Horizons Adventure & Wilderness Center of Bethel Horizons**

**Release of Liability & Informed Consent  
Your signature below indicates that:**

I have read all the information presented in the “Participant, Information Packet” and I understand and agree to accept the risks and responsibilities associated with participating in HAWC at Bethel Horizons. I understand that some program components may involve strenuous physical activity, that my participation in any activity is voluntary and that I am physically able to participate in any activity in which I choose to do.

I have provided complete, up-to-date and accurate health information on my Health Form and I will notify the Bethel Horizon instructor should there be any changes in my health and fitness during the program.

In the unlikely event of an illness or injury, I give my consent to Bethel Horizons to administer first aid and to secure professional medical services as needed.

Furthermore, I hereby release Bethel Horizons, its employees and volunteers from liability for any damages, injuries, or losses which may occur to me while participating in this program.

I have read, understand and agree to follow all the rules described in the above paragraphs.

Participant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent’s/Legal Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

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I hereby grant permission to Bethel Horizons to use my (or my child’s) likeness in a photograph and/or videotape to be included in publications by this agency.

Participant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent’s or Legal Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_