

NAME OF PARTICIPANT _____ **AGE** _____ **GENDER** _____

PROGRAM ATTENDING _____ **DATES** _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Participant: _____

 Preferred Phone: (____) _____ Home Work Mobile
 Alternative Phone: (____) _____ Home Work Mobile

DIET & NUTRITION (please check)

-
- Unrestricted diet
-
- Regular vegetarian diet
-
-
- Gluten free diet
-
- Other dietary needs (please describe below)

Please note, Wolf Ridge cannot accommodate 100% vegan diets. You will need to supplement meals with food brought from home.

ALLERGIES (please check)

- No Known Allergies
-
- Food
-
- Medicine
-
- Environmental (insects, hay fever, etc)
-
- Other
-
- Allergic to
-
- (Please describe below what exactly the allergic is and the reaction seen)

HEALTH CONCERNS

Please list any health conditions or special circumstances we should know about. Describe any environmental allergies, allergic reaction, and how it is treated. (e.g. bee stings, heat stroke)

INSURANCE & EMERGENCY BILLING INFORMATION

NAME OF INSURANCE COMPANY _____

POLICY HOLDERS NAME _____

GROUP # _____ POLICY # _____

PHYSICIAN _____ PHONE _____

Usually there is no charge for first aid care given at Wolf Ridge by staff members. You are financially responsible for health care given by other health care providers such as clinics and hospitals. Please provide the following information for use in case of emergency.

RISK & LIABILITY
Please read and sign below. Signature required for participation.

As a participant in the program at Wolf Ridge ELC, I acknowledge and am aware that this program involves certain inherent risks, which I accept. These risks may include injuries relating to, but not limited to, walking on uneven trails with elevation gains of up to 500 feet in various weather conditions, canoeing (spring, summer and fall), cross country skiing and snowshoeing (winter), rock climbing and belaying, overnight camp, being transported by vehicles to activities, kayaking, hiking, field games, participating in a high ropes course activity, weather and other peoples' actions. In the event of an emergency, I authorize treatment by Wolf Ridge staff, and emergency medical personnel. I understand that I am financially responsible for all medical charges incurred my behalf. I authorize the health care provider to release all information needed to secure payment of benefits, and I authorize the use of this signature on all insurance claims for myself. Accordingly, I hereby release Wolf Ridge ELC, including all of their personnel, agents, affiliates, staff and directors, from any and all claims and liabilities with respect to injury, sickness, disease, loss or damage sustained. This release applies to any and all liabilities to my estate, of any description, or me whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind. In the event that some other person or entity seeks compensation for these released liabilities, my estate, or I will indemnify and hold harmless the above noted group and Wolf Ridge ELC for all sums incurred in response to that claim. This release is to be interpreted and enforced under Minnesota law. I authorize Wolf Ridge ELC to use any photos and videos taken and comments made on evaluations during the visit to Wolf Ridge in publicity materials for Wolf Ridge ELC. The information I have provided on this sheet is complete and correct.

SIGNATURE _____ DATE _____