Outdoor Education Center
Learn. Trust. Challenge.

The Outdoor Education Center of FLOC

671 FLOC Way Harpers Ferry, WV 25425 • P: 304-725-0409 • F: 304-728-7565 www.flocoutdoors.org

Release Form

*ALL ITEMS MUST BE FILLED OUT BY A PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OLD. NO ONE WILL BE ALLOWED TO PARTICIPATE IN A FLOC OEC PROGRAM WITHOUT A COMPLETED RELEASE FORM ON FILE.

Emergency Contact and Medical Information

Participants Information						
Full Name		Date of Birth		Sex	M ☐	F ☐
Parent's/Guardian's Name (if under the age of 18)						
Home Phone		Work Phone				
Address		City, ST ZIP Code				

Emergency Contact Information			
Emergency Contact Name			
Cell Phone		Work Phone	
Address			
City, ST ZIP Code			

Medical Information	
Hospital/Clinic Preference	
Physician's Name	
Phone Number	
Insurance Company	
Policy Number	
Allergies/Special Health Considerations	

I understand that the above stated will be participating in adventure-based programs sponsored by For Love of Children's (FLOC) Outdoors program. I also understand that the activities which participants will take part in may include, but are not limited to: motor vehicle transportation, hiking, canoeing, swimming, low ropes course events, high ropes course events, caving and or rock climbing. While I expect proper supervision and safety precautions at all times, I understand that I assume the risk for any and all liability arising from such activities and do hereby agree to release and forever discharge For Love of Children, its agents and employees, and its successors and assigns, any and all claims, demands, rights and causes of action whatsoever kind of nature, arising from and by reason of any occurrence, accident, event, or other happening arising out of the grant of and the use of such permission by me, hereby expressly releasing the aforesaid from any and all liability. While at FLOC Outdoors, I authorize trained FLOC Outdoors staff members to administer First Aid when necessary. I also authorize FLOC Outdoors staff to transport the above stated participant to a medical facility for necessary emergency care.

Parent's/Guardian's Signature (If under the age of 18)		Date	
Participants Signature		Date	

PERMISSION FOR PHOTOGRAPHING

I hereby give permission to FLOC to take still photos or video of me. I further give my permission for the photos or film to be used, as FLOC deems appropriate for publicity and fund raising only.

Parent's/Guardian's Signature (If under the age of 18)		Date	
Participants Signature		Date	

☐ **Check here if you do not allow photos or video to be used.**

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Medical History Form

***ALL ITEMS MUST BE FILLED OUT BY A PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18 YEARS OLD. NO ONE WILL BE ALLOWED TO PARTICIPATE IN A FLOC OUTDOORS PROGRAM WITHOUT A COMPLETED MEDICAL FORM ON FILE.**

Participants Name		Date		Organization	

I authorize a trained FLOC Outdoors staff member to administer the following over-the-counter medications (i.e. for a headache or stomachache, etc.) to the participant. Please check all you allow:

☐ Tylenol ☐ Ibuprofen ☐ Pepto-Bismol ☐ Anti-Diarrhea

Please list any other medication:

General Questions (You MUST explain "yes" answers below)

Has/does the participant:	Yes	No
1. Had any recent injury, illness, or infectious disease.	☐	☐
2. Have a chronic or recurring illness/condition?	☐	☐
3. Take medication (prescribed or over the counter)?	☐	☐
4. Ever been hospitalized?	☐	☐
5. Ever had surgery?	☐	☐
6. Have any emergency allergic reactions (e.g., bee stings, food, etc.)?	☐	☐
7. Have frequent headaches?	☐	☐
8. Ever had head injury?	☐	☐
9. Ever been knocked unconscious?	☐	☐
10. Ever had frequent ear infections?	☐	☐
11. Ever passed out during or after exercise?	☐	☐
12. Ever had seizures?	☐	☐
13. Ever had chest pain during or after exercise?	☐	☐
14. Ever had high blood pressure?	☐	☐
15. Ever been diagnosed with a heart murmur, or other heart conditions?	☐	☐
16. Ever had back problems?	☐	☐
17. Ever had problems with joints (e.g., knees, ankles, etc.)?	☐	☐
18. Have any skin problems (e.g., itching, rash, acne, etc.)?	☐	☐
19. Have diabetes?	☐	☐
20. Have asthma?	☐	☐
21. Had mononucleosis in the past 12 months?	☐	☐
22. Had problems with diarrhea/constipation?	☐	☐
23. If female, have an abnormal menstrual history?	☐	☐
24. Have a history of bed-wetting?	☐	☐
25. Have any dietary restrictions (e.g., seafood, pork, vegetarian, etc.)?	☐	☐
26. Have problems with sleepwalking?	☐	☐

Please explain any "Yes" answers, noting the number of the questions. Use the back if needed.