



School Name: _____ Program Date(s): _____

Participant Medical Information

Participant Information:

Participant Name: _____ Age: _____ Date of Birth: _____
Gender: Male Female Other: _____
Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact(s):

Emergency Contact 1:
Name: _____ Relationship: _____
Phone 1: _____ Phone 2: _____
Does this individual have permission to pick up the participant in case of emergency? Yes Initial: _____

Emergency Contact 2:
Name: _____ Relationship: _____
Phone 1: _____ Phone 2: _____
Does this individual have permission to pick up the participant in case of emergency? Yes No Initial: _____

Medical Information:

Primary Care Provider Name: _____ Provider Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Health Insurance Provider: _____ Policy Number: _____

Medical History: Please provide information about any medical information that Crow Canyon staff should know about (asthma, diabetes, current injuries, etc.).

Allergies: Please provide information about drug or environmental allergies.

Allergy: _____ Reaction(s): _____
Allergy: _____ Reaction(s): _____
Allergy: _____ Reaction(s): _____
Allergy: _____ Reaction(s): _____

Food Allergies: Please list all food allergies for the participant.

Allergy: _____ Reaction(s): _____
Allergy: _____ Reaction(s): _____
Allergy: _____ Reaction(s): _____
Allergy: _____ Reaction(s): _____

Dietary Restrictions: Please list all restrictions and preferences, including if the participant is vegetarian, vegan, kosher or has other food preferences.

Activity Restrictions: Does the participant have any activity restrictions? Yes No If yes, please describe:

Medications: Please list all prescription and non-prescription medications the participant will be taking while at Crow Canyon.

Please attach additional information if more space is needed for any section.



School Name: _____ Program Date(s): _____

Agreement for Release of Liability and Indemnification for Adults

By signing below, I admit and recognize that my participation in any activity sponsored or conducted by the Crow Canyon Archaeological Center ("Crow Canyon") involves risks, which may include, but are not limited to, sickness; personal injury; loss of, or damage to, personal property; or death. I understand that travel and manual labor in unpopulated and remote areas, where medical attention is not readily accessible, or over rugged terrain at high altitudes, presents inherent dangers, including adverse or changing weather conditions and other hazards natural to outdoor activities. I understand that I will be participating in Crow Canyon activities with other participants over whom Crow Canyon has limited or no control. I understand that Crow Canyon does not have physicians, nurses, or emergency medical technicians accompany participants during Crow Canyon activities, and that any medical attention provided to me will be provided by persons with limited training.

I acknowledge that Crow Canyon shall not be held liable for (A) any damage to, or loss of, property or injury to, or death of, persons occasioned directly or indirectly by an act or omission of any other provider, including, but not limited to, any defect in any aircraft, water craft, or vehicle operated or provided by such other provider, and (B) any loss or damage due to delay, cancellation, or disruption in any manner caused by the laws, regulations, acts or failures to act, demands, orders, or interpositions of any government or any subdivision or agent thereof, or by acts of God, strikes, fire, flood, war, rebellion, terrorism, insurrection, sickness, quarantine, epidemics, theft, or any other cause(s) beyond their control.

By registering for a Crow Canyon program, I certify that I do not have any mental, physical, or other condition or disability that would create a hazard to myself or other participants. I understand that Crow Canyon reserves the right in its sole discretion to accept, decline to accept, or remove any participant in or from a Crow Canyon activity. If I require medical care or am evacuated from an activity for any reason whatsoever, I AGREE TO PAY for and be responsible for all costs and fees connected with the medical care or evacuation.

In exchange for my being permitted to participate in Crow Canyon activities, I AGREE TO ASSUME THE RISKS described above, and for myself and my heirs, AGREE TO RELEASE Crow Canyon and all of its agents, employees, officers, and directors, as well as the owner and operator of any premises or vehicle I utilize or enter while participating in Crow Canyon activities, from all claims, liabilities, causes of action, and damages that in any way arise out of, are connected with, or result from, my participation in those activities.

For myself and my heirs, I also agree that if I make any claim or suit against Crow Canyon or its agents, employees, contractors, participants, officers, or directors that in any way arises out of my participation in any Crow Canyon activity, and such claim or suit is determined by a court or jury of competent jurisdiction to have arisen out of the dangers inherent in my participation in the activities of Crow Canyon, rather than out of the negligence or other wrongful action of Crow Canyon, its agents, employees, contractors, participants, officers, and directors, I will pay the costs and attorney fees incurred by Crow Canyon and any such person in the defense of such suit, the enforcement of this Agreement, and the collection of such costs and attorney fees.

I also AGREE TO ALLOW Crow Canyon to use or reproduce, for any Crow Canyon purpose and in any medium that exists now or in the future (including print, Internet, and Internet social media), any photograph or audio or video recording that is taken of me by Crow Canyon staff or its agents, and I agree that Crow Canyon may do so without compensation to me. I understand that all such photographs and recordings and all copyrights in said photographs and recordings will be owned only by Crow Canyon.

I FURTHER AGREE that all written comments, testimonials, and other information communicated by me to Crow Canyon or its agents during the course of my Crow Canyon program (for example, comments that I write on the program-evaluation form) will be the exclusive property of Crow Canyon, will not be required to be treated as confidential, and may be used by Crow Canyon for any purpose and in any medium that exists now or in the future (including print, Internet, and Internet social media) without compensation to me.

I understand that Colorado Law will apply to this Agreement, and I agree that any legal action I may bring against Crow Canyon may be brought only in the courts of Montezuma County, Colorado.

As a condition of participation in this program, EACH person must sign this statement (print additional copies for additional participants):

Printed Name: _____

Signature: _____ **Date:** _____