

2009 Midnight Rush Adventure Race

MEDICAL INFORMATION FORM

All Team Members, and Volunteers must read, complete and sign this form.
Please list all information requested. **Please print.**

SECTION I – PERSONAL INFORMATION

TEAM NAME: _____ Team Number: _____

NAME: _____

LAST FIRST M.I.

ADDRESS: _____

STREET

CITY, STATE or PROVINCE, COUNTRY

PHONE NUMBER: _____

DOB: _____ SEX: M ___ F ___

HT: _____ WT: _____

EMERGENCY CONTACT

NAME: _____

PHONE: _____

RELATIONSHIP: _____

SECTION II – HEALTH CARE PROVIDER AND INSURANCE INFORMATION

NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

INSURANCE CARRIER: _____

POLICY NUMBER: _____

GROUP NUMBER: _____

Please attach a copy of your insurance card to the back of this form.

(This is for the purpose of having this information available if you must be transported and/or hospitalized by an agency outside of Trailblazer Adventure Racing Club. All medical care provided by TBARC medical personnel are provided to you with no direct fee.)

SECTION III – MEDICAL HISTORY

Are you currently taking any type of prescription or over the counter medication? YES ___ NO ___

If "YES", please list names and dosages.

Are you allergic to any type of **medication**? YES ___ NO ___

If "YES", please list. _____

Do you currently have or have had a history of any of the following?

	Yes	No
Allergies (food, dust, etc.)		
Allergies (insect bite)		
Arthritis		
Asthma		
Back Problems		
Blood in Stool		
Blood in Urine		
Blurred Vision		
Bronchitis		
Cancer		
Diabetes		
Dizzy/Fainting		
Epilepsy		
Eye Problems		
Cold Injuries		
Headaches		
Joint Problems		

	Yes	No
Hearing Problems		
Malaria		
High/Low Blood Pressure		
Mononucleosis		
Major Surgery (within 3 yrs)		
Kidney Problems		
Nausea / Vomiting		
Hepatitis (what type)		
Hyper/Hypothyroidism		
Numbness in Limbs		
Respiratory Problems		
Stomach Problems		
Tuberculosis		
Hernia		
Heart Problems		
Other not Listed		

If "YES" to any of the above, please explain. _____

What is the date of your last tetanus shot? _____

What is your Blood Type / RH Factor? _____

Do you wear eyeglasses/contact lenses? YES ___ NO ___

If "YES", do you have spare glasses/contacts or a copy of your prescription? YES ___ NO ___

Females -

Are you, or could you be pregnant? YES ___ NO ___

If "YES", when is your "due date"? _____

When was your last menstrual period? _____

I, _____, verify that the above information is true and correct, to the best of my knowledge. I understand that Trailblazer Adventure Racing Club (TBARC) will uphold patient confidentiality and safeguard my medical and personal information. I understand that I have the right to refuse medical treatment, except where the law allows for Implied Consent Treatment. I understand that TBARC provides this medical care to me with no direct fee. I understand that TBARC medical personnel will make medical treatment and transport decisions that are based solely on what is in my best medical interest.

Signed: _____ Date: _____

STAFF NOTES

EVENT: _____ DATES: _____

REVIEWED BY: _____ DATE: _____

OFFICE USE ONLY BELOW THIS LINE



I, _____ (**Print Name**) the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in the **Trailblazer Event**, is significant and includes, but is not limited to, the following; drowning, near-drowning, sprains, strains, falling, fractures, heat stroke, other heat and cold injuries, over-use syndrome, injuries involving vehicles, animal bites and stings, contact with poisonous plants, acts of God, and the potential for permanent paralysis and death. These activities include, but are not limited to, paddling, climbing, biking, hiking, running, swimming, calisthenics, heavy lifting, ascending, traversing or rappelling fixed ropes, travel by boat, truck, car, or other convenience. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS TRAILBLAZER ADVENTUER RACING CLUB., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, volunteers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, or any resulting arbitration costs WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. This applies to the above stated entities and individuals while participating and/or working within the event's geographical parameters; including pre-event set-up and post-event break-down and any other event-related activities.

5. I further state that I am in proper physical condition to participate in this event and am over 18 years of age. If under 18, the parent or legal guardian that signs this waiver will assume all risks and will hereby release, indemnify, and hold harmless the Trailblazer Adventure Racing Club, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, volunteers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, or any resulting arbitration costs WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. This applies to the above stated entities and individuals while participating and/or working within the event's geographical parameters; including pre-event set-up and post-event break-down and any other event-related activities.

6. The Releasees reserve the right to postpone, cancel, or modify the event due to weather conditions or other factors beyond the control of the releasees, which might affect the health or safety of the participants. No refunds will be granted.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature _____ Date _____

If the participant is under 18:

Signature of Parent or Legal Guardian: _____ Date: _____