

Ties That Bind, Inc.

Medical Information

Name: (print) _____ Phone: _____

Address: _____ City: _____ State _____ Zip: _____

Name of Personal Physician: _____ Phone _____

Emergency Contact: _____ Phone _____

Do you have health/accident insurance? _____ If so, list carrier/policy # _____

Are you taking any medication, prescribed or otherwise? If yes, please list medication and condition. _____

Do you have any physical or health disabilities that may be limiting? If yes, please explain.

Please list known allergies to medications, insect bites, foods, etc. _____

Do you have Asthma? _____

Do you currently have any of the following symptoms or conditions: (Please check if yes)

☐ Epilepsy ☐ Drug Reactions ☐ Back, Neck, or Knee Problems ☐ Diabetes ☐ High Blood Pressure

☐ Heart Disease or Heart Attack ☐ Chest Pains, Palpitations, or Heart Murmur ☐ Have you had a stroke

☐ Do you have a history of Heart Disease, High Blood Pressure or Stroke in your family

If you checked any of the above, please explain each condition _____

List any other conditions or recent injuries we should be aware of: _____

Name of Participating Group: _____

Signature of Participant: _____ Witness: _____

Parent/Guardian if participant is between 10 and 18: _____

Ties That Bind, Inc.
Release of Liability/Assumption of Risk

In consideration of being allowed to participate in any way in the **Ties That Bind** Program, its related events and activities, I, _____, the undersigned, acknowledge, appreciate and agree that:

I understand that all of the activities in this program are strictly **voluntary** and that it is my own choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and medical condition. I understand and agree to be supported in my choice to support others in their choices as well.

The risk of injury from the activities involved is significant, including the potential for permanent paralysis and death, and while particular skills, equipment and personal discipline may reduce the risk, the risk of serious injury does exist.

I understand that the **Ties That Bind** staff adheres to high safety standards and that safety issues and rules will be discussed before each event. I agree to abide by all safety standards. If the risks and safety procedures are not explained or understood, I should ask for further explanation.

I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation.

I understand that it is my responsibility to inform the **Ties That Bind** staff of any and all physical limitations, liabilities or injuries including, but not limited to, heart conditions, neck or back problems, recent surgeries, pregnancy, and any other potential situation that may be affected. I further understand, that in the case of an accident or illness, the **Ties That Bind** staff will provide basic first aid and arrange for medical services, if needed.

I understand that **Ties That Bind, Inc. and Canterbury Retreat Center** shall not be held responsible or liable in any way to me for bodily injury, illness whether mental or physical, property damage or loss resulting from my own negligence. The terms hereof shall serve as a release and assumption of risk for myself and all members of my family.

I have read the above terms and conditions and by signing below agree to all of the above-mentioned terms and conditions.

Name: (Please Print) _____ **Date:** _____

Signature: _____

Parent or guardian signature if participant is under 18 years of age:

Signature: _____ **Date:** _____