

# Youth Leadership: Participant Information and Release

To be filled out by: Responsible Adult (Parent or Guardian if participant under 18) or adult (18 & over) applicant: **By providing this confidential medical information, you are consenting to NCI providing it to staff and emergency medical providers or first responders who may have a reasonable need to know the information in order to provide your child with an accommodation and/or emergency medical assistance.**

## APPLICANT INFORMATION:

Date: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Daytime or Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current gender identity: \_\_\_\_\_ Sex assigned at birth: \_\_\_\_\_

Are you covered by health insurance? Yes  No  If yes, with whom? \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone number: \_\_\_\_\_

Family physician name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Responsible Adult (Parent or Guardian) and emergency contact information:

Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

## ACTIVITY LEVEL:

NCI provides a multitude of environmental education and service opportunities. Most NCI programs are outdoors and many are physically and mentally challenging. **We need your help to find the best level of activity for you or your child.** We make all reasonable efforts to accommodate participants, however, it is your responsibility to confirm your child is medically fit for participation and ask that you consult with your family physician if you have any concerns regarding your child's ability to participate in program activities. Please answer the following questions.

Use the space below for any clarifications or additional information that may be appropriate.

1. In everyday life, how many hours a week does applicant exercise aerobically (running, basketball, biking, fast walking, etc.)? \_\_\_\_\_ hrs

2. In what athletic activities do they regularly participate? Please list: \_\_\_\_\_

\_\_\_\_\_

3. NCI programs may consist of some or all of the following activities in some or all of the following conditions:

- ✓ Daylong hikes carrying up to a 50 lb. pack.
- ✓ Paddling a canoe for many days in a row.
- ✓ Hiking up and down steep terrain carrying heavy tools or supplies.

- ✓ Performing service projects involving shoveling, swinging tools, bending, squatting, and walking on uneven ground.
- ✓ Applicants will sleep, hike, and work in the outdoors, possibly in cold, hot, humid, rainy or higher altitude conditions.

Is the applicant able to participate in all these activities? **Yes**  **No**  If no, please explain. \_\_\_\_\_

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**GENERAL HEALTH QUESTIONS:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Check** to indicate whether the applicant has had any of the following conditions in the **past 2 years:**

- |   |  |   |
|---|--|---|
| 1. <input type="checkbox"/> Chronic illness/condition           | 10. <input type="checkbox"/> Seizures or epilepsy  | 19. <input type="checkbox"/> Urinary Tract Infections   |
| 2. <input type="checkbox"/> Hospitalized for any reason         | 11. <input type="checkbox"/> Dizziness or fainting | 20. <input type="checkbox"/> Digestive conditions<br>(i.e. constipation, acid reflux, ulcers, Crohn's<br>disease, Irritable Bowel Syndrome) |
| 3. <input type="checkbox"/> Broken bones                        | 12. <input type="checkbox"/> Heart condition       | 21. <input type="checkbox"/> Menstrual abnormalities  |
| 4. <input type="checkbox"/> Problems with joints (e.g. sprains) | 13. <input type="checkbox"/> Diabetes              | 22. <input type="checkbox"/> Hives  |
| 5. <input type="checkbox"/> Bad headaches/migraines             | 14. <input type="checkbox"/> Hypoglycemia          | 23. <input type="checkbox"/> Tobacco products use   |
| 6. <input type="checkbox"/> Head injury                         | 15. <input type="checkbox"/> Hepatitis             |   |
| 7. <input type="checkbox"/> Back pain/problems                  | 16. <input type="checkbox"/> Infectious condition  |   |
| 8. <input type="checkbox"/> Frequent ear infections             | 17. <input type="checkbox"/> Eating disorders      |   |
| 9. <input type="checkbox"/> Chest pains                         | 18. <input type="checkbox"/> Depression or Anxiety |   |

Please explain any checked boxes. (Attach additional pages if necessary) \_\_\_\_\_

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Please use this space to provide any additional information about the applicant's physical, emotional, or mental health of which NCI should be aware (attach additional pages if necessary): \_\_\_\_\_

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**MEDICATIONS BEING TAKEN:**

Please list ALL medications applicant is taking routinely. Please include all over-the-counter or nonprescription drugs. For prescribed medications, make sure the prescription will remain current for the duration of the program.

Does applicant take medications on a routine basis? **Yes**  **No**  If yes, please describe below:

Medication	Reason for Taking
_____	_____
_____	_____

Further information is required on all medications that are taken routinely. For each medication listed above, complete a medications questionnaire on page 4. Please make additional copies of the form as needed and attach to your application.

Is there any medication the applicant takes on a routine basis that he/she is planning on discontinuing (not taking) during the NCI program?

Please list, if any: \_\_\_\_\_

Is there any additional information that may be helpful to us? (Attach additional pages if necessary): \_\_\_\_\_

**ALLERGIES:**

Please list all allergies to Medications, Food or Environment (insect stings, hay fever, asthma, etc.) Attach additional pages if necessary:

Allergy	Date of Last Reaction	Qualify Severity (Low, Moderate or Severe)	Description of Reaction	Treatment	Do you have a prescription for Epinephrine? *

Has applicant ever been stung by a bee? **Yes**  **No**  If yes, did they have any kind of reaction? (ie: hives) **Yes**  **No**

If yes, please describe: \_\_\_\_\_

*\*If you have a prescription for Epinephrine, you must bring two Epi-Pens on your trip.*

**Food:** Does the applicant have any special dietary restrictions? (Vegetarian, gluten-free, lactose-free, or sensitive etc.) **Yes**  **No**

If yes, please describe: \_\_\_\_\_

**DIAGNOSED LEARNING or MENTAL HEALTH CHALLENGES:**

Does applicant have a diagnosed learning or mental disability (for example ADD, ADHD, Autism, Bipolar, etc.)?

**Yes**  **No**  If yes, please complete the following section (add sheets, if necessary):

✓ What year was the applicant diagnosed? \_\_\_\_\_ What behaviors led to the diagnosis? \_\_\_\_\_

✓ During the past two years, has the applicant taken any medication for the condition? \_\_\_\_\_

✓ Does the applicant's condition interfere with school or work? If so, how?  
\_\_\_\_\_

**ASTHMA:**

Does applicant have Asthma? **Yes**  **No**  If yes, please complete the following section (add additional sheets, if necessary):

✓ When were you diagnosed with asthma? \_\_\_\_\_

✓ What causes or triggers your asthma episodes? \_\_\_\_\_

✓ What are your symptoms when having an asthma episode? \_\_\_\_\_

✓ When was your last asthma episode? \_\_\_\_\_

✓ How often do you have asthma episodes? \_\_\_\_\_

✓ \*What, if any, medications do you require? \_\_\_\_\_

✓ When did your medication or dosage last change? \_\_\_\_\_

✓ Which description best describes your asthma's current condition? Stable, worsening or improving? \_\_\_\_\_

✓ Have you ever required emergency treatment or hospitalization for your asthma?  If yes, when and what were the circumstance?  
\_\_\_\_\_

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**\*If you have a prescription for treating your asthma, you must bring it on your trip. If your prescription is for an inhaler, you must bring two inhalers on your trip.**

**If applicant is taking any medications to manage or treat Allergies, ADD or Asthma, complete a medications questionnaire (p4) for each medication taken. Please make additional copies of the form as needed and attach to this application.**

## **MEDICATIONS QUESTIONNAIRE:**

Dear Parent, Guardian, or Adult Applicant,

As a way to better serve your needs or those of your child, we ask, in consultation with your family physician, that you complete the following questionnaire regarding her/his medications and return it to us. This questionnaire will be kept on file, confidentially, with the member's other medical information and will be provided to NCI staff with a reasonable need to know in order to provide assistance or emergency medical response in the field.

**If you or your child is taking more than one medication, please make additional copies and complete a separate form for each medication.**

- ✓ If participant has a prescription for **Epinephrine** they must bring two Epi-pens on their trip.
- ✓ If participant has a prescription for an **asthma inhaler**, they must bring two inhalers on their trip.

Applicant's name: \_\_\_\_\_

1. Medication name: \_\_\_\_\_

2. Dosage: \_\_\_\_\_ Time of day: \_\_\_\_\_

3. Used to treat: \_\_\_\_\_

4. How long have you been taking this medication? \_\_\_\_\_

5. Common side effects (i.e. dry mouth, insomnia, loss of appetite, sun sensitivity): \_\_\_\_\_

6. Harmful interactions (i.e. do not give advil/ibuprophen while taking this medication): \_\_\_\_\_

7. This medication should be taken:  with food  with water  on an empty stomach  other (describe): \_\_\_\_\_

8. Describe medication's physical appearance (i.e. white tablet, 1/4 inch in diameter): \_\_\_\_\_

9. Describe any circumstances or side effects related to this medication for which NCI staff should immediately call your family physician or emergency medical personnel: \_\_\_\_\_

10. If your child misses taking a dose at the usual time they should:

- take the medication at the next scheduled time
- take the medication immediately
- take a double dose at the next scheduled time
- immediately call our family physician
- Immediately call emergency medical personnel (911)
- Other (describe): \_\_\_\_\_

## **Authorizations:**

The information provided in this document is correct and complete to the best of my knowledge. The person herein described has permission to engage in all program activities except as noted. I hereby give permission to NCI to provide routine health care, dispense prescribed medications, administer epinephrine in the event of anaphylaxis, and seek emergency medical treatment including ordering x-rays or critical

tests. In the event I cannot be reached after a reasonable effort in an emergency, I hereby give permission to the licensed medical provider or emergency first responder selected by NCI to secure and administer treatment, including hospitalization, for the person named above. I give permission to NCI to arrange necessary transportation for me/ the person named above. I accept full responsibility for the costs of medical treatment and/or transportation provided to the person named above. I also give my permission to NCI staff to provide over the counter medication in the event of minor illness in the event I cannot be reached after reasonable effort (ie: Tylenol, Motrin, antacids, etc.). I agree to the release of any records necessary for insurance purposes.

I consent to NCI providing confidential medical information to NCI staff and emergency medical providers with a reasonable need to know the information in order to provide the above named person with an accommodation and/or emergency medical assistance. This completed form may be photocopied for use out of the office by NCI staff.

I understand that the participant's acceptance into this program is contingent on the accurate completion of these forms and approval of our medical screening team. You may be contacted if follow-up is needed.

X \_\_\_\_\_  
Signature of Responsible Adult (Parent or Guardian) or adult (18 & over) applicant

\_\_\_\_\_  
Print Name Date

X \_\_\_\_\_  
Participant Signature (if under 18) Print Name Age

**ASSUMPTION OF RISK AND AGREEMENTS OF RELEASE AND INDEMNITY**  
**[PARTICIPANT UNDER 18 YEARS OF AGE]**

In consideration for \_\_\_\_\_ (print minor's name) ("Minor") being permitted by North Cascades Institute to participate in its activities, I agree to this **ASSUMPTION OF RISK AND AGREEMENTS OF RELEASE AND INDEMNITY:**

**As the parent or guardian of the participating minor child, I understand that the Minor** will be participating in programs provided by North Cascades Institute, a Washington non-profit corporation and its directors, employees, volunteers, agents, associates and independent contractors ("NCI"). The program in which Minor will be participating has been described in the Institute website and in other documents provided by NCI, and NCI staff have been available to answer my questions.

**I acknowledge NCI's programs involve known and inherent risks, as well as unknown/unanticipated risks.** Inherent risks may include those ordinarily associated with moderate to vigorous physical activity in high altitude or wilderness terrain. Programs can occur in remote places where communication may be difficult and medial care significantly delayed. Travel may be by canoe, motorboat, kayak, automobile, van, bus or on foot, over rugged unpredictable off-trail terrain including boulder fields, downed timber, rivers, rapids, river crossings, mountain passes, snow and ice, steep slopes, and slippery rocks. Activities may include hiking, backpacking, mountaineering, canoeing, kayaking, snorkeling, cooking with stoves and working with sharp tools. I understand that travel and outdoor activities will be subject to unpredictable forces of nature including extreme weather, falling rock, avalanches, lightning, wildfires and earthquakes, insects, snakes, and wild animals, including predators. Participants may be exposed to animals who may cause serious harm and whose behavior cannot be predicted; participants may be exposed to polluted or contaminated water; equipment may fail or malfunction despite reasonable maintenance and use; errors of judgment or negligence may occur, by instructors or co-participants. The preceding risks, hazards and dangers may result in variety of illnesses and injuries including, but not limited to hypothermia, frostbite, high altitude illnesses, heat stroke, heat exhaustion, dehydration and suffering sprains, fractures, traumatic brain injuries, cold water immersion, drowning and other trauma including sickness, mental distress, disability or even death.

**I expressly agree and promise to accept and assume all of the risks existing in the NCI program for which Minor is participating, including but not limited to those listed above and have fully discussed the risks involved with Minor.** Minor's participation in this activity is purely voluntary, and the Minor has elected to participate in spite of the risks. I also hereby voluntarily waive any right to recovery, release, forever discharge and agree to indemnify and hold harmless NCI, its directors, trustees, staff, employees, volunteers, agents, associates and independent contractors ("Released Parties") from any and all claims, including claims for bodily injury and death, demands or causes of action that are in any way connected with Minor's participation in this

activity or the use of NCI's equipment or facilities, including all such claims that allege negligent acts or omissions of NCI. I HEREBY AGREE TO INDEMNIFY NCI AND ALL RELEASED PARTIES FROM ANY CLAIM MADE BY ME, MINOR OR ANYONE ON BEHALF OF MINOR, OR THE MINOR'S OR MY HEIRS OR SURVIVORS ON ACCOUNT OF ANY INJURY OR LOSS THAT MINOR MAY SUFFER ARISING IN ANY WAY OUT OF THE PROGRAM. I FURTHER INDEMNIFY NCI AND ALL RELEASED PARTIES FROM A CLAIM THAT MIGHT BE BROUGHT BY A CO-PARTICIPANT ARISING IN ANY WAY FROM MINOR'S CONDUCT.

The following provisions apply to all NCI programs, wherever they occur:

- ***I certify that the Minor is in general good health and has no medical or physical condition which could interfere with his/her participation in the NCI program, or interfere with his/her health or safety or the safety of any other participant.*** I certify that I have insurance to cover any injury or damage Minor may cause or suffer while participating, or else I agree to bear the costs of such injury or damage, including the cost of any evacuation and medical care. I have adequately informed NCI of any special instructions regarding Minor and consent to NCI providing confidential health care information to staff and/or emergency medical personnel with a reasonable need to know such information for purposes of accommodating or rendering aid to Minor.
- I authorize and consent to NCI, NCI Funders, National Park Service (NPS), Forest Service (FS), or their agents, taking photographs and video film, or written word of Minor in its programs, and to the unrestricted use and publication of Minor's name and such photos, videos, or writing to promote the activities of NCI, NCI Funders, NPS or FS.
- I agree that in the event of a claim brought against NCI or any Released Party such claim or suit shall be brought in the Superior Court of State of Washington, for Skagit County, and that substantive Washington law (and not only conflict of law rules) rather than the law of any other state or jurisdiction shall be applied in any legal action involving the interpretation, validity and/or enforceability of this agreement, and that any legal action resulting from Minor's participation in this activity shall be brought only in aforesaid Superior Court.
- I agree that in the event any portion of this agreement is deemed invalid or unenforceable, all other portions of this agreement shall remain in full force and effect.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT AND HAVE IT INDEPENDENTLY REVIEWED. I ACKNOWLEDGE THAT THIS DOCUMENT IS A CONTRACT AND NOT A MERE RECITAL AND SHALL REMAIN IN EFFECT FOR ALL PROGRAMS SPONSORED BY NCI IN WHICH MINOR PARTICIPATES. I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

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Signature of Responsible Adult (Parent or Guardian)

Print Name \_\_\_\_\_ Date \_\_\_\_\_

North Cascades Institute admits students and participants of any race, color, national and ethnic origin, religion, sex, sexual orientation, gender identity, military or marital status, age, sensory, physical or mental disability or any other legally-protected status to all the rights, privileges, programs, and activities generally accorded or made available to students and participants at the Institute. The Institute does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, military or marital status, age, sensory, physical or mental disability, genetic information or any other basis prohibited by law in administration of its educational policies, admissions policies, scholarship and loan programs, and other administered programs.

**ASSUMPTION OF RISK AND AGREEMENTS OF RELEASE AND INDEMNITY  
[IF PARTICIPANT IS 18 YEARS OR OLDER]**

I understand that I will be participating in programs provided by North Cascades Institute, a Washington non-profit corporation, and its agents, associates and independent contractors ("NCI"). The program in which I will be participating has been described in the course catalog and in other documents provided by NCI, and NCI staff have been available to answer my questions.

**I acknowledge NCI's programs involve known and inherent risks, as well as unknown/unanticipated risks.** Inherent risks may include those ordinarily associated with moderate to vigorous physical activity in high altitude or wilderness terrain. Programs can occur in remote places where communication may be difficult and medical care significantly delayed. Travel may be by canoe, kayak, automobile, van, bus or on foot, over rugged unpredictable off-trail terrain including boulder fields, downed timber, rivers, rapids, river crossings, mountain passes, snow and ice, steep slopes, and slippery rocks,. Activities may include hiking, backpacking, mountaineering, canoeing, kayaking, snorkeling, cooking with stoves and working with sharp tools. I understand that travel and outdoor activities will be subject to unpredictable forces of nature including extreme weather, falling rock, avalanches, lightning, wildfires and earthquakes, insects, snakes, and wild animals, including predators. Participants may be exposed to animals who may cause serious harm and whose behavior cannot be predicted; participants may be exposed to polluted or contaminated

water; equipment may fail or malfunction despite reasonable maintenance and use; errors of judgment or negligence may occur, by instructors, co-participants or myself. The preceding risks, hazards and dangers may result in variety of illnesses and injuries including, but not limited to hypothermia, frostbite, high altitude illnesses, heat stroke, dehydration and suffering sprains, fractures, cold water immersion, drowning and other trauma including sickness, mental distress, disability or even death.

**I expressly agree and promise to accept and assume all of the risks existing in the NCI program for which I am participating, including but not limited to those listed above.** My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. I also hereby voluntarily waive any right to recovery, release, forever discharge and agree to indemnify and hold harmless NCI, its directors, trustees, staff, employees, volunteers, agents, associates and independent contractors ("Released Parties") from any and all claims, including claims for bodily injury and death, demands or causes of action that are in any way connected with my participation in this activity or the use of NCI's equipment or facilities, including all such claims that allege negligent acts or omissions of NCI. I HEREBY AGREE TO INDEMNIFY NCI AND ALL RELEASED PARTIES FROM ANY CLAIM MADE BY ME OR MY HEIRS OR SURVIVORS ON ACCOUNT OF ANY INJURY OR LOSS THAT I MAY SUFFER ARISING IN ANY WAY OUT OF THE PROGRAM. I FURTHER INDEMNIFY NCI AND ALL RELEASED PARTIES FROM A CLAIM THAT MIGHT BE BROUGHT BY A CO-PARTICIPANT ARISING IN ANY WAY FROM MY CONDUCT.

The following provisions apply to all NCI programs, wherever they occur:

- ***I am in general good health and have no medical or physical condition which could interfere with my participation in the NCI program or interfere with my health or safety or the safety of any other participant.*** I certify that I have insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage, including the cost of any evacuation and medical care. I consent to NCI providing confidential health care information to staff and/or emergency medical personnel with a reasonable need to know such information for purposes of accommodating me or rendering aid to me.
- I authorize and consent to NCI, NCI Funders, National Park Service (NPS), Forest Service (FS) or their agents, taking photographs and video film, or written word of my participation in its programs, and to the unrestricted use and publication of my name and such photos, videos, or writing to promote the activities of NCI, NCI Funders, NPS or FS.
- I agree that in the event I should have any claim against NCI or any Released Party such claim or suit shall be brought in the Superior Court of State of Washington, for Skagit County, and that substantive Washington law (and not only conflict of law rules) rather than the law of any other state or jurisdiction shall be applied in any legal action involving the interpretation, validity and/or enforceability of this agreement, and that any legal action resulting from my participation in this activity shall be brought only in the aforesaid Superior Court.
- I agree that in the event any portion of this agreement is deemed invalid or unenforceable, all other portions of this agreement shall remain in full force and effect.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT **AND HAVE IT INDEPENDENTLY REVIEWED. I ACKNOWLEDGE THAT THIS DOCUMENT IS A CONTRACT AND NOT A MERE RECITAL AND SHALL REMAIN IN EFFECT FOR ALL PROGRAMS SPONSORED BY NCI IN WHICH I PARTICIPATE.** I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

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Signature of Adult Applicant

Print Name \_\_\_\_\_ Date \_\_\_\_\_

North Cascades Institute admits students and participants of any race, color, national and ethnic origin, religion, sex, sexual orientation, gender identity, military or marital status, age, sensory, physical or mental disability or any other legally-protected status to all the rights, privileges, programs, and activities generally accorded or made available to students and participants at the Institute. The Institute does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, military or marital status, age, sensory, physical or mental disability, genetic information or any other basis prohibited by law in administration of its educational policies, admissions policies, scholarship and loan programs, and other administered programs.