
Youth (<18) Medical Information Form

Please complete this form to allow your child or minor to participate in the adventure activities in their upcoming Browne Center program.
Please note this is a two-sided form.

Name of Youth

Phone

Address

City/State/Country/Postal Code

Organization/School

Date of Program

Name & phone number of an emergency contact. **Please include their relationship to you** (e.g. parent, grandparent, family friend)

Allergies: Does this youth have any allergies (e.g., bees, drugs, foods, etc.)? If yes, to what and what is the severity of the reaction?

Medications: Is this youth currently taking medications? **YES or NO?** If yes, what are they taking and what condition is being treated?

Chronic Illnesses: Does he/she have any chronic illnesses (e.g., diabetes, epilepsy, asthma, etc.)? If yes, please list.

Physical Conditions: Does he/she have any physical conditions that might limit or affect their ability to participate in physical activities? If yes, please describe such limitations and conditions for participation.

Social, Emotional, or Developmental Considerations (e.g. ADHD, Asperger's, an anxiety disorder, etc.)? Has this child been diagnosed with any social, emotional, or development need? If yes, please explain so we may be as inclusive and sensitive as possible.

Injuries: Has this youth experienced any injuries (e.g., dislocations, sprains, etc.) within the last three years? If yes, please identify the injuries, when they occurred and the severity of the injuries. Has this youth fully recovered from injury?

Accommodations: Are there any accommodations we can make for the aforementioned illnesses, conditions, considerations or injuries?

Physician: Has this youth been treated by a physician in the past year? Have they been hospitalized within the past year? If yes to either, please explain.

Primary Physician: name & phone number: _____

Insurance Provider: carrier name & I.D. number (if # available) _____

Two-page form, please complete both pages

Youth (<18) Release of Liability Form

Please complete this form to allow your child or minor to participate in the adventure activities in their upcoming Browne Center program. *Please note this is a two-sided form.*

Browne Center programs provide goal-oriented activities that offer participants an opportunity to explore new behaviors related to trust, teamwork, and leadership capabilities. These activities may include field games, indoor games and problem solving activities, low elements constructed of rope, cable, and/or wood, and high elements or rock climbing that require specialized safety equipment. The University of New Hampshire (UNH) and the Browne Center have taken precautions to provide proper equipment, qualified instructors, and a carefully designed program. Instructors who have been trained in the standard operating procedures of challenge courses or rock climbing supervise all program activities. Participants will receive instruction related to all elements and program activities.

Adventure activities (indoor and outdoor) are exciting, challenging and both physically and emotionally demanding. Some activities may be stressful and have inherent risks. Even with qualified staff and proper preparation, it is impossible to guarantee absolute safety. While it is the aim and responsibility of the program and instructor to provide participants with a positive and safe experience, you must realize that there is a degree of risk and personal responsibility for safety when you participate in adventure activities.

Our philosophy is Challenge by Choice, meaning that participants agree to choose their own level of challenge and agree not to be coerced by others in going beyond their physical limitations. Furthermore, while some activities are physically demanding, our programs are designed and can be adjusted to be within the capability of anyone who is in reasonably good health.

As previously stated, even with adherence to high industry standards of operation, the risk of injury or disability cannot be totally eliminated. By consenting to participation, you assume all risks related to use of the course and/or adventure activity, including the possibility of bruises, abrasions, sprains and other more serious injuries. Signing this form indicates your recognition and understanding of the responsibilities and risks inherent in your participation. In the event of illness or injury, consent is hereby given to provide emergency medical care or hospitalization. You agree to assume all responsibilities and risks involved in the program, and for yourself and your heirs to release and hold harmless the UNH and the Browne Center, its officers and employees, from all claims and legal actions, whether for property damage, physical injury, or otherwise, arising from your participation in the program.

Name of Youth

Date

Parent/Guardian Name (printed)

Parent/Guardian Signature (participant is under 18 years of age)

Photo Permission:

I hereby grant to UNH and the Browne Center permission to use my child's or minor's photographic likeness, videotape, or digitally record her/his participation in program activities in their promotional, informational, and educational materials.

Name

Date

Parent or Guardian Signature (participant is under 18 years of age)