

At Hopkins School
986 Forest Road
New Haven, CT 06515
Phone (203) 387-3495
Fax (203) 392-0267



HOPKINS SCHOOL, INC.
Participant Information, Disclosure, and Liability Release

The Adam Kreiger Adventure Program (the "Program") is a program operated by Hopkins School, Inc., ("Hopkins") and involves a variety of activities that often include warm-ups, group initiative problems, high and low challenge ropes course elements, and other rigorous physical activities. Each participant may choose the level of his/her participation, assumes some risk of physical or emotional injury, must have his/her own health insurance coverage, and must complete and submit a copy of this form to the Program Director before he/she participates in any Program activities. For purposes of this form, the terms "Applicant," "Participant," and "you" mean the person who plans to participate in Program activities.

Please check ["x"] the appropriate response and print all information, except signatures, requested below.

Applicant's Name: _____

▪ Gender: Male Female ▪ Date of Birth _____ ▪ Age _____

Applicant's Health/Accident Insurance Carrier: _____

▪ Policy/Group Number: _____
▪ If the Participant's health/accident insurance coverage is provided through the Participant's employer, or the employer of the Participant's parent or spouse, indicate the name of the employer:

Do you have any disabilities or medical limitations that may limit your participation in the Program? No Yes
▪ If you check "yes," please explain the disability/surgery below:

Do you currently take any medications that may impair alertness, judgment, reaction time? No Yes
▪ If you check "yes," please indicate the condition being treated below:

Do you have any allergies or reactions to medication? No Yes
▪ If you check "yes," please indicate the allergy/medication below:

If you require any medications for sudden allergic reactions or emergency asthma medication, those medications must be with you when you participate in this program.

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Do you have diabetes? No Yes
▪ If you check "yes," are you dependent on insulin? No Yes

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

▪ Chest Pain	<input type="checkbox"/> No <input type="checkbox"/> Yes	▪ Stroke	<input type="checkbox"/> No <input type="checkbox"/> Yes
▪ Heart Disease	<input type="checkbox"/> No <input type="checkbox"/> Yes	▪ Exertion Symptoms	<input type="checkbox"/> No <input type="checkbox"/> Yes
▪ Heart Murmur	<input type="checkbox"/> No <input type="checkbox"/> Yes	▪ Heart Attack	<input type="checkbox"/> No <input type="checkbox"/> Yes
▪ Chest Palpitations	<input type="checkbox"/> No <input type="checkbox"/> Yes	▪ High Blood Pressure	<input type="checkbox"/> No <input type="checkbox"/> Yes

Do you smoke? No Yes
▪ If you check "no," are you a former smoker? No Yes
▪ If you check "yes," indicate when you stopped: _____

If you (a) lead a sedentary lifestyle, (b) smoke, (c) are overweight, (d) have diabetes, or (e) are (i) 45 years of age or older and (ii) have a family history of heart disease, Hopkins' strongly recommends that you consult your physician before participation in the Program. If you are unclear about whether or not to consult your physician, or your physician would like more information regarding activities included in the Program, please contact the Program Director.

- I have consulted my physician. No Yes If you check "yes," answer the questions below.
- My physician advised me that I may participate fully. No Yes
- My physician advised me not to participate. No Yes
- My physician advised me to avoid certain activities. No Yes
- If you check "no," list or describe below the activity or activities your physician advised you to avoid.

If there are any questions, please feel free to call the Adam Kreiger Adventure Program office at (203) 387-3495.

The undersigned understand(s) that Hopkins' Adam Kreiger Adventure Program may be physically and emotionally demanding and that participation in Program activities involves a risk of injury and/or disability. The undersigned affirms that the Participant's health is good and that he/she is not under any physician's care for any condition that bears upon his/her fitness to participate in Program activities. In view of the foregoing, the undersigned voluntarily assumes the risk of injury and/or disability that may result from participation in any Program activity and herewith releases Hopkins, its staff members, and Board of Trustees from all Liability for any injury caused by, or resulting from, participation in Program activities. Further, the undersigned understand(s) that the Health Insurance Portability and Accountability Act ("HIPPA") protects certain medical records from being divulged to anyone who does not have a business reason to know. By signing this disclaimer, the undersigned authorize(s) the release of the medical information herein, as well as the release of such medical records as may be necessary for proper medical treatment or health care of the Participant, by anyone holding or having access to such records to the medical and/or emergency personnel who may request such records in the course of providing or planning to provide medical treatment or health care to the Participant.

Applicant's Signature

Date

Applicant's Residential Address

Applicant's Home Phone Number

Business Phone Number of Parent/Guardian,
if Applicant is under age 18

Parent's or Guardian's Signature,
if Applicant is under age 18

Date