

'11 Adirondack Experience August 24 - 27

Registration Form

Student's Name: _____ Date: _____

(Street Address) (City) (State) (Zip)
Home Phone: _____ Cell# _____ Gender: M ; F

E-Mail Address: _____ DOB: _____

Indicate your Preference Below for the three days (Aug. 24 – 26) of outdoor adventures:

Moderate Hiking/Canoeing (5 – 7 miles/day) and Outdoor Challenges
Intensive Hiking/Canoeing (8 – 12 miles/day) and Outdoor Challenges

Check all that apply:

- I would like to go whitewater rafting (Aug. 25) and have enclosed an additional \$90.
- two days hiking (8/25 & 8/27) and one day of canoeing (~~or rafting--additional \$90~~)
- two days canoeing (8/25 & 8/27) and one day of hiking (~~or rafting--additional \$90~~)
- I will bring my flyfishing supplies and hope to get in a day or two of trout fishing.
- I will bring my bass fishing supplies and hope to get in a day or two of bass fishing.
- I will bring my road/touring/hybrid bike and hope to ride for a day or two (25 – 35 miles/day)
- I will bring my mountain bike and hope to ride the trails for a day.
- I hope to get in a day of rock climbing and/or high ropes course if possible.

Program Fee: \$225, which includes meals, transportation, guides, and evening programs;
(Those who select whitewater rafting will pay \$320 total.)

I have enclosed a check made payable to [Paul Smith's College](#).

Please charge my credit card for a total of \$225; if rafting, \$320 total.

Visa MasterCard Discover

Card Number: _____ 3 digits from the back of the card: _____

Expiration Date: _____

Name of Card Holder (as it appears on the card): _____

Signature of Card Holder: _____

Please return the completed form by August 10, 2011 in an envelope addressed to:

Kirsten Domas, Recreation/Intramural Coordinator

Paul Smith's College

PO Box 265, Paul Smiths, NY 12970

Or fax to: Kirsten Domas at: (518) 327-6545.

Paul Smith's College – Office of Recreation & Intramural Programs
106 Saunders Sports Complex, Paul Smiths, NY 12970
(518) 327-6389

Participant Waiver

This is a legally binding agreement. Please read this entire document carefully.

By signing this agreement you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your participation in this Paul Smith's College Adirondack Experience program now or any time in the future.

I agree that my participation in this Paul Smith's College **Adirondack Experience** program is entirely voluntary. I agree, on behalf of myself, my assigns, executors, and heirs, to RELEASE, INDEMNIFY, and HOLD HARMLESS Paul Smith's College, its trustees, officers, agents, employees, and the Paul Smith's College Office of Recreation & Intramural Programs from any cause or action, claims or demands of any nature. This shall include, but is not limited to, a claim of negligence, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against the College, on account of personal injury, property damage, death, or accident of any kind in any way related to my participation in, or transportation to or from this Adirondack Experience program. This shall also include any act or omission of any third party, as well as any case involving my separation from a course. In the case of voluntary separation or expulsion from the program I understand that I will be responsible for all expenses related to such separation.

I understand that Paul Smith's College does not provide any accident or medical insurance and that I am required to provide my own accident and medical insurance. I hereby agree that I am financially responsible for all such expenses. I understand that Adirondack Experience treks do not take radios or cell phones, and I may be far from medical facilities. I understand that Paul Smith's College does not provide any private vehicle insurance and that I am required to provide my own private vehicle insurance should I elect to use my own vehicle for transportation to or from any or all portions of the **Adirondack Experience** activities. In the event of accident or injury in my private vehicle, or any other private vehicle, I agree to the same terms outlined above.

I understand that all participants are subject to Paul Smith's College regulations, laws of the United States, and the laws of New York State. In the event of violation of these, or behavior that is considered by College staff to be detrimental to the participant, other participants, or the **Adirondack Experience** program, the Recreation & Intramural Program Coordinator shall have the right to dismiss me from the program while retaining all payments. I hereby certify that I am physically fit and able to participate in this program. I further state that I am cognizant of all the inherent dangers of participation and the risks involved in this program which includes, but is not limited to, drowning, rockfall, lightning, extreme weather conditions, environmental injuries, road crossings, motor vehicle accidents, equipment failure, wildlife attacks, etc. I understand that I may be a long distance from medical facilities. I state that I am of lawful age and legally competent to sign this affirmation and release. If a minor, I understand this form needs to be signed by my parent or legal guardian. I understand the terms herein are contractual.

I have read and fully understand the above acknowledgement of risk, release/indemnification and covenant not to sue. I have signed this document of my own free will, and agree to the terms outlined herein.

_____ (Participant's Signature)	_____ (Participant's Name – print clearly)
_____ (Participant's DOB)	_____ Participant's Age (as of Aug. 24, 2011)
_____ Parent/Legal Guardian Signature (If participant is under 18 years old)	_____ Parent/Legal Guardian Name – print clearly
Today's Date: _____	



PAUL SMITH'S COLLEGE – Recreation & Intramural Programs
 P.O. Box 265, 106 Saunders Sports Complex
 Paul Smiths, NY 12970 ♦ www.paulsmiths.edu
 (518) 327-6389

**Paul Smith's College – Adirondack Experience
 Medical Information Form**

This medical form provides us with information required for course safety and emergency situations. By requesting medical history we do not imply that we have the expertise to assess your physical condition, or your ability to participate safely in the Adirondack Experience. **This determination of ability to participate must be made by the participant in concert with his/her physician.** Adirondack Experience demands strenuous exercise. In one day for example, hiking trips may require a participant to hike 6 – 12 miles with a backpack weighing up to 30 pounds, and water trips may require a participant to paddle a canoe 12 miles and carry it up to 1 mile. Elements of rock climbing and the ropes course may require a rigorous level of physical exertion. Much of the travel and outdoor experiences will be in a wilderness setting. Your trips may include exposure to inclement weather as well as a variety of other hazards associated with being outdoors. Although safety is our first priority and we are trained to provide first aid in case of an incident, **your participation in Adirondack Experience indicates your acknowledgement and the assumption of inherent risk associated with being far from professional medical facilities.** If you have any questions please call, or see our brochure or website for further details.

In the interest of personal safety of the staff and your personal safety, please answer the following questions to the best of your knowledge.

Part One: Personal Information

Participant's Name _____ Home Phone: _____

Home Address: _____
 (Street Address) (City) (State) (Zip)

Age (as of 8/23/11): _____ DOB: _____; Gender: M F

Primary Care Physician: _____ Phone Number: _____

PERSON(S) TO CONTACT IN CASE OF EMERGENCY:

Name _____ Name: _____

Relationship to participant: _____ Relationship to Participant: _____

Phone (H) _____ (W) _____ Phone (H) _____ (W) _____

Address _____ Address _____

MEDICAL INSURANCE

Insurance Carrier: _____ Policy No. _____

Address: _____ Phone: _____

Subscriber's Name: _____ Relationship: _____

Part Two: Specific Medical History

Participant’s Medical Information: please be candid; check any and all that apply:

- Cardiac problems Chest Pain Shortness of Breath Obesity High Blood Pressure
- Daily Use of Tobacco Products A family history of cardiac disease (heart attack < 50 years)
- Diabetes Asthma Seizures Sedentary/Inactive Lifestyle Kidney problems
- Bleeding or blood disorders Dizziness or fainting episodes Back problems/Spinal Injury
- Neurological Problems Other (please explain) _____

Medications – Please list and identify the condition they are for:

Allergies. If yes, please describe: _____

Important Notes.

1. If you will be carrying prescription medication, you are advised to consult with your physician regarding secondary dosage in the event of possible loss or water contamination.
2. If you have ever had a systemic reaction to an insect sting, we recommend you consult your physician about carrying a personal Ana-kit or Epi-Pen. Even with no prior history it is possible for a person, for a variety of reasons, to develop a life-threatening systemic reaction. Because our activities are often far from professional medical care, we advise everyone to consult with their physician regarding a prescription for these kits. Due to New York State regulations, Adirondack Experience leaders may not legally dispense controlled prescription drugs and will not be carrying group Ana or Epi devices.

Past injuries/surgery/joint problems. If yes, please describe, including current status:

Environmental Emergencies (heat and cold conditions)

- frostbite Hypothermia circulatory problems heat stroke Raynard’s syndrome

If yes, please describe: _____

Special dietary requirements. If yes, please describe: _____

Please describe any other injuries or medical conditions not identified above: _____

Part Three: Swimming Assessment

Many of the Adirondack Experience adventures involve activities in a water environment, which require basic swimming skills. We ask that participants self-assess their own comfort level in and around the water. We recommend that you do not register for a course involving water activities if you are a non-swimmer. Please rate your swimming ability below:

- Non-swimmer Recreational Swimmer Competitive Swimmer

Part Four: Signature

I have reviewed this entire medical form and verified that all information is given fully and truthfully. To the best of my knowledge, I am capable of safely participating in the Adirondack Experience. In the event of an emergency, permission is given for any anesthesia and/or surgery at a medical facility that may become necessary for my immediate well being.

Participant’s Signature

Participant’s Name (print clearly)

Date

Parent/Legal Guardian Signature
(if participant is under 18 years old)

Parent/Legal Guardian Name (print clearly)

Date