



# HEALTH FORM

Confidential

TEXAS STATE  
Campus Recreation

To be filled out by the participant (and parents if the participant is under 18)

Group name _____	Date of Program _____
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Participant name _____	Birth date ____ / ____ / ____
Address _____	Age _____ Sex _____
City _____	State _____ Zip _____
Home or cell phone _____	Height _____ Weight _____

### In case of emergency, contact:

Name _____	Relationship _____
Home phone _____	Work phone _____
Name _____	Relationship _____
Home phone _____	Work phone _____

### Primary Physician's Information

Physician name \_\_\_\_\_ Physician's phone number \_\_\_\_\_

### General Medical History

*Please circle and explain any of the following conditions (past or present) that could affect your performance and level of comfort in this program:*

Yes	No	Diabetes or thyroid problems (if yes, please contact Outdoor Center for additional information)
Yes	No	Epilepsy, seizure or convulsions
Yes	No	Any problems with vision or hearing. Do you use contact or regular glasses?
Yes	No	Headaches, dizzy spells, fainting, blackouts
Yes	No	Palpitation of the heart, irregular heartbeat, heart murmurs, or cardiac problems
Yes	No	Are you pregnant?
Comments on any "Yes" items _____		

### Muscle/Skeletal Injuries (last 12 months)

Yes	No	Chronic pain in neck, back, legs, arms, shoulders
Yes	No	Broken bones, joint dislocations, serious sprains, or weakness of muscles
Yes	No	Any severe injury to head, chest, or internal organs
Comments on any "Yes" items _____		

**Allergies**

Yes No Any known allergies? *If yes, then complete the section below.*

Specify types of allergies (food, medication, insect bites, etc.) \_\_\_\_\_

Yes No Are you carrying with you an EpiPen® or Epinephrine.

**Asthma**

Yes No Have you ever had any asthma signs/symptoms? *If yes, then complete the section below*

Date of last asthma attack (month/year) \_\_\_\_/\_\_\_\_

What induces your asthma? Please check all that apply.

Exercise     Fatigue     Dehydration     Stress     Food item     Smoke   
 Allergen: \_\_\_\_\_  Respiratory infection/cold     Other: \_\_\_\_\_

Please explain any box that you checked: \_\_\_\_\_

Yes No Are you carrying an inhaler with you?

**Personal History**

Yes No Have you had any recent (within last six months) illnesses, injuries, or operations?

Yes No Do you have any disabilities? \_\_\_\_\_

Yes No Do you have any fears or phobias? \_\_\_\_\_

Yes No Are you currently under care of a physician for any reason? Please explain:

Is there any other information we should know?

**Release (to be signed by parent(s) or guardian(s) of participants under the age of 18)**

Does Texas State have your permission to administer Aspirin, Tylenol or Ibuprofen, during program if necessary?    [ ] YES    [ ] NO

I hereby authorize and give full consent to Texas State University to act on my behalf in the event I cannot be contacted, to enable prompt care and attention in case of illness or accident incurred by my daughter/son or myself.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (if under 18 years old) \_\_\_\_\_ Date \_\_\_\_\_



### Release and Indemnity Agreement

Participant's Name: \_\_\_\_\_

Activity: \_\_\_\_\_

- Releases: \*
- \* The Board of Regents, Texas State University System
  - \* Texas State University, and
  - \* Regents, employees, agents, and officers for these entities.

Release: In consideration for facilitating my participation or my child's participation in the activity described above, I release, discharge, and agree not to sue Releasees for any claims, demands, actions and causes of action arising out of any loss or damage to me, my child, my property and any injury, including death, that I/he/she may sustain, whether or not caused by the negligence of the Releasees, while participating in the activity.

Risks: To the best of my knowledge, I/my child can participate in this Activity. I am aware of the risks and hazards with the activity, and I elect to allow myself/him/her to participate voluntarily and engage in the activity knowing that the activity may be hazardous to me/my child and my property. I voluntarily assume full responsibility for property loss or damage, and for personal injury, including death which I/my child may sustain as a result of being engaged in this activity, whether or not caused by the negligence of Releasees.

Indemnity: I also agree to indemnify and hold harmless the Releasees from any loss, liability, damage or costs, including court costs and attorney's fees, that they may incur due to my/my child's participation in this activity, whether caused by the negligence of Releasees or otherwise. For example, I specifically agree to indemnify and hold harmless the Releasees from losses that may occur as a result of my/my child hurting another person or damaging another person's property while participating in the activity.

Intent: I intend that this Release and Indemnity Agreement bind not only me/my child, but also the members of my family and my spouse (if any), if I am alive, and my heirs, assigns and personal representatives, if I am not alive. I intend this as a release, discharge and promise not to sue the Releasees. I further agree that this Release and Indemnity Agreement should be construed in accordance with the laws of the State of Texas.

Fee Act: I acknowledge that I have read this Release and Indemnity Agreement. I understand it and sign it voluntarily on behalf of myself/my child and my own free act. No representations, statements, or inducements, apart from the foregoing written agreement, have been made. I execute this Release and Indemnity Agreement having received full, adequate, and complete consideration, intending to be bound by it.

I understand the name listed above as participant may be exposed to risks during participation in the activity listed above. I am aware of these risks and I elect to allow myself/my child the ability to participate voluntarily, knowing that the activity may be hazardous to my/his/her property and me. If signing as parent or legal guardian, I acknowledge that the participant is under 18 years of age and I assume full responsibility for these risks. I release, discharge, and agree not to sue Texas State University and its agents and employees from any claims arising out of any loss or damage to my/ my child's property and from any claims arising out of any injury, including death, that may be sustained by me or my child or this participant of whom I am the legal guardian. I also agree to indemnify and hold harmless Texas State University and its agents and employees from any claims that they may incur due to my/my child's participation in the trip. I will comply and I will instruct my child to comply with the instructions of Texas State University G.O.A.L. Staff during the activities.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian (if under 18)

\_\_\_\_\_  
Date