



# Outdoor Recreation Trip Application

Program: \_\_\_\_\_

Date(s) of Program: \_\_\_\_\_ Time of Program: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

ID#: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

Check one:  Student  Faculty/Staff  Alumni  Guest of \_\_\_\_\_

Name of Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

***You must have health insurance to attend this trip!***

## WHO TO CALL IN CASE OF AN EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Do you have medical alert identification?  Yes  No If yes, where is it located? \_\_\_\_\_

## MEDICAL HISTORY

Please list all medications that you are currently taking:

Name of Drug	Dose/Frequency	Reason for Taking
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Note: Be sure to have proper certification of medicine especially for out of country trips (i.e. in proper medicine bottle, doctor's letter). DO NOT put all different medications into one container.*

Please describe any conditions you have that require ongoing medical attention or medication that could affect your performance during the activity (i.e. back injuries, knee problems, pregnancy, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a history of heart problems (i.e. chest pain, palpitations, etc.)?  Yes  No

If "Yes", please describe: \_\_\_\_\_

Do you have asthma or allergies (i.e. medications, stings/bites, foods, hay fever)?  Yes  No

If "Yes", please describe: \_\_\_\_\_

Do you have any current illnesses (i.e. cold, sore throat, etc.)?  Yes  No

If "Yes", please describe: \_\_\_\_\_  
\_\_\_\_\_

Have you had any recent injuries or operations?  Yes  No

If "Yes", please describe (i.e., what, when & current condition): \_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY OTHER MEDICAL PROBLEM, CONDITION, OR PAST MEDICAL HISTORY THAT WE SHOULD BE AWARE OF (i.e. high blood pressure, epilepsy, unusual shortness of breath, diabetes, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

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**RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, & COVENANT NOT TO SUE AGREEMENT**  
**(BINDING LEGAL DOCUMENT -- READ CAREFULLY BEFORE SIGNING)**

I hereby acknowledge that my participation in \_\_\_\_\_, a voluntary educational, athletic, social, and/or recreational program, hereinafter the Activity, sponsored and administered by Campus Recreation at Southern Illinois University Edwardsville from \_\_\_\_\_, 200\_\_, to \_\_\_\_\_, 200\_\_, involves an inherent risk of and exposure to property damage and bodily or personal injury to myself or to others. Dangers related to such activities may include but are not limited to: hypothermia, broken bones, strains, sprains, cuts, abrasions, bruises, drowning, concussion, heart attack, heat exhaustion, injuries associated with travel, and death. I have received and read a copy of the Procedures and Guidelines Regarding University Sponsored Trips from Campus Recreation and I understand and agree to be bound by the terms those Procedures and Guidelines, which are incorporated hereto by reference. I acknowledge and agree that I am aware that there are risks, hazards, and dangers inherent in such activities and in the training, preparation for, and travel to and from such activities; that the Board of Trustees of Southern Illinois University, a body politic and corporate of the State of Illinois, on behalf of Southern Illinois University Edwardsville and its members individually, and its officers, agents, and employees, hereinafter Releasees, do not warrant or guarantee in any respect the competency or mental or physical condition of any leader, instructor, volunteer, vehicle driver, or individual participant in any educational, athletic, social, and/or recreational program or activity; that Releasees make no warranty as to the condition, safety, or suitability of any equipment, vehicle, property, or premises for any purpose; and that I am solely responsible, through insurance or otherwise, for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in the Activity. I hereby assume any and all such risk. For the sole consideration of Releasees arranging for and allowing my participation in the Activity, and in connection therewith, making available for my use certain equipment, facilities, grounds, or personnel of Releasees, I hereby waive liability, release, hold harmless, covenant not to sue, and forever discharge Releasees from any and all liability, claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my participation in the Activity. I understand and agree that Releasees do not have medical personnel available at the locations of the Activity; that Releasees are granted permission to authorize emergency medical treatment for me; that such action by Releasees shall be subject to the terms of this Agreement; and that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I understand that acceptance of this signed *Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement* by Releasees shall not constitute a waiver, in whole or in part, of sovereign immunity by Releasees; that it shall be effective during the entire period of my participation in the Activity; that it binds me and my heirs, executors, administrators, and assigns; that it shall be construed in accordance with a the laws of Illinois; and that if any of its terms or provisions are held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby.

I have read, understand, and have freely and voluntarily signed this *Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement*. I warrant that I am over the age of 18 years.

This the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of witness (Must be 18 years or older)