

**RETURN ASAP: Complete and return with a copy of your Insurance Card.**

Use the prepaid envelop provided or email to recreation@uwec.edu.

Recreation and  
Sport Operations

University of Wisconsin  
**Eau Claire**

**Freshmen Connection Immersion Program  
Health and Release Form**

The University of Wisconsin – Eau Claire Environmental Adventure Center Adventure program involves a variety of activities that often include situations away from immediate advanced medical assistance, overnight or extended stays in isolated environments, and other rigorous physical adventure activities. Participation in a University of Wisconsin – Eau Claire program and its activities is always an individual choice. There are risks, which must be assumed by each participant, that they may suffer an emotional or physical injury or disability.

The University of Wisconsin - Eau Claire Environmental Adventure Center Adventure policy requires that every participant provide certain health/medical information so that staff are prepared to help participants make informed choices about their level of participation. The following information will be kept confidential.

**GENERAL INFORMATION:**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Preferred Name if different: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Legal Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

**MEDICAL INFORMATION:**

**Please check any concerns applicable to you and make comments below.**

- Problems with hearing*
- Problems with vision*
- Depression, anxiety, nervousness*
- Seizures*
- Shortness of breath*
- Low or High blood pressure*
- Motion sickness*
- Asthma*
- Chronic skin problems, rash, infection*
- History of diabetes*
- Heart problems*
- Severe illness or major surgeries*
- Frequent headaches*
- Frequent infection of throat, tonsils, sinuses, ears*
- Chronic neck, back, shoulders, joint pain, swelling or stiffness without injury arm or leg pain*

**Explain concerns from above and any other medical issues:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**In the interest of providing a safe and enjoyable experience for all participants we ask that you take the time to answer the following questions. This information will be kept confidential by the University of Wisconsin – Eau Claire and only shared in the event of an emergency.**

List any food or beverages allergies: \_\_\_\_\_

Are you allergic to any insect bites or stings? \_\_\_\_\_

Are you allergic to any drugs? (Penicillin, aspirin, sulfa, etc.) \_\_\_\_\_

Do you use any prescription drugs? (If yes, please explain.) \_\_\_\_\_

Are you immunized against tetanus? (If yes, give date of last booster) \_\_\_\_\_

**I have read and understand the terms of the Health and Release Form, and I hereby knowingly and voluntarily authorize Recreation and Sport Operations staff to use or disclose my health information in case of an emergency.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_



## Recreation and Sport Operations Freshman Connection Liability Waiver

**Assumption of Risks:**

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the university has advised me to seek the advice of my physician before participating in the University of Wisconsin Eau Claire fitness programs. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**Hold Harmless, Indemnity and Release:**

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Eau Claire, and their officers, employees, agents, volunteers, and all others who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Eau Claire, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

**Consent for Emergency Treatment:**

I authorize the University of Wisconsin-Eau Claire and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. **I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.**

**I have read and understand the terms of the Liability Waiver, and I hereby knowingly and voluntarily choose to participate in the University of Wisconsin – Eau Claire Environmental Adventure Center Adventure program.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_