**(Please have each person fill out this form. Please print.)** Rev. 3/15/04

**FIRST NAME**_____ **LAST NAME** _____ **CLASS**_____

**HEIGHT:** _____ **inches** **WEIGHT:**_____ **pounds** **RESTING PULSE RATE:**_____ **BLOOD PRESSURE**____/____

**CURRENT PHYSICAL CONDITION:** Please check one box to rate your current physical fitness level.

❑ **1 – Mediocre** ❑ **2 – Fair** ❑ **3 – Good** ❑ **4 – Very Good** ❑ **5 – Excellent**

**What level of trip would you be most comfortable with?** ❑ **2 – Moderate** ❑ **3 – Strenuous** ❑ **4 – Very Strenuous**

**CURRENT EXERCISE ACTIVITY:** Do you exercise regularly? ❑ No ❑ Yes If yes, list any physical activities or sports you engage in, times per week, duration, and level of intensity.

| Activity | Times/Week | Approximate Time/Distance | Level of Intensity |
|---|---|---|---|
| | | | ❑ Leisurely ❑ Moderately ❑ Intensely |
| | | | ❑ Leisurely ❑ Moderately ❑ Intensely |
| | | | ❑ Leisurely ❑ Moderately ❑ Intensely |

**SWIMMING ABILITY:** ❑ **Nonswimmer** ❑ **Poor** ❑ **Fair** ❑ **Good** ❑ **Very Good**

**REQUIRED IMMUNIZATION:**

| Immunization | Required Interval | Last Immunization Date | Exemption |
|---|---|---|---|
| Tetanus | Within 10 years of July 1, 2004. Recommended within 5 years. | | ❑ Religious |

**CURRENT HEALTH STATUS:** Please indicate if you have any medical conditions or physical disabilities that would interfere with or limit your participation in the trip. If you are unsure, explain the trip to your physician and ask for his/her advice. *(None of these will necessarily prohibit your participation, but for your own safety, we must be aware of such conditions.)* If you answer yes to any of the questions below, please specify in detail below, indicating the item number.

| | | | |
|---|---|---|---|
| 1. Previous Altitude-related illness | ❑ Yes ❑ No | 12. Vertigo (balance problems) | ❑ Yes ❑ No |
| 2. Respiratory problems | ❑ Yes ❑ No | 13. High or low blood sugar | ❑ Yes ❑ No |
| 3. Asthma | ❑ Yes ❑ No | 14. Seizure disorders | ❑ Yes ❑ No |
| 4. Back problems | ❑ Yes ❑ No | 15. Current pregnancy | ❑ Yes ❑ No |
| 5. Anemia, sickle cell disease or bleeding disorder | ❑ Yes ❑ No | 16. History of brain tumor, aneurysm or AV malformation | ❑ Yes ❑ No |
| 6. Joint problems (e.g. knees, ankles, or hips) | ❑ Yes ❑ No | 17. Heart disease | ❑ Yes ❑ No |
| 7. High or low blood pressure | ❑ Yes ❑ No | 18. Any recent illness | ❑ Yes ❑ No |
| 8. Recent sinus or ear infections | ❑ Yes ❑ No | 19. Recent surgery (last 6 months) | ❑ Yes ❑ No |
| 9. Problems with hearing or vision | ❑ Yes ❑ No | 20. Recent hospitalization | ❑ Yes ❑ No |
| 10. Reactions to temperature extremes | ❑ Yes ❑ No | 21. Psychological or Emotional Problems | ❑ Yes ❑ No |
| 11. Headaches | ❑ Yes ❑ No | 22. Other | ❑ Yes ❑ No |

| Item # | Detailed description (include restrictions, if any) |
|---|---|
| | |
| | |
| | |

| PREVIOUS CARDIAC HISTORY: | | CARDIAC RISK FACTORS: | |
|---|---|---|---|
| Do you have a history of any heart disease? | ❑ Yes ❑ No | Do you have diabetes, NIDDM or IDDM? | ❑ Yes ❑ No |
| Have you ever had a heart attack or a stroke? | ❑ Yes ❑ No | Do you have elevated blood cholesterol or triglycerides? | ❑ Yes ❑ No |
| Have you ever had open-heart surgery? | ❑ Yes ❑ No | Do you smoke? | ❑ Yes ❑ No |
| Do you have hypertension? | ❑ Yes ❑ No | Do you consume more than 1 alcoholic beverage per day? | ❑ Yes ❑ No |
| Do you take any cardiac medications? | ❑ Yes ❑ No | Do you have a family history of heart disease? | ❑ Yes ❑ No |
| Do you have chest pains with physical exertion? | ❑ Yes ❑ No | Do you have a daily exercise routine? | ❑ Yes ❑ No |
| Have you ever had a stroke? | ❑ Yes ❑ No | | |

**DIETARY RESTRICTIONS OR FOOD ALLERGIES:** (Vegetarian, Kosher, lactose intolerant, etc., please indicate specific dietary restrictions.)

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|---|
| |
| |

**ALLERGIES:** Please indicate any allergies you have (medications, foods, etc.), your allergic reactions, and any medication required.

| Allergies (check if applicable, write in others) | Reaction | Medication Required (if any) |
|---|---|---|
| **Insect stings (bees, wasps, etc.)** ❑ Yes | | |
| **Iodine or Shellfish Allergy** ❑ Yes | | |
| | | |
| | | |
| | | |

**MEDICATIONS:** Please indicate any medications you are currently taking (other than allergy medications), for what condition, and whether you will need to take it during the trip. *If you need to take medication during the trip, be sure you have an ample supply.*

| Medication | Condition | Do you need this during the trip? |
|---|---|---|
| | | ❑ Yes ❑ No |
| | | ❑ Yes ❑ No |
| | | ❑ Yes ❑ No |
| | | ❑ Yes ❑ No |

**MEDICAL INSURANCE (Required):** list group providing coverage & policy number

| Insurance Provider | Policy Number |
|---|---|
| | |
| **Physician Name** | **Physician Phone Number** |
| | |

I hereby certify that the answers set forth above are true. I acknowledge that while Outdoor Action and Princeton University are making every effort to ensure the successful operation of this trip, that Outdoor Action and Princeton University are not responsible for my travel arrangements to and from New Hampshire. I also understand that a number of the optional activities of this program are operated by third-party outfitters and that Outdoor Action and Princeton University are neither in control of nor responsible for the operation of any third-party, outside companies engaged for this program.

I understand that the goals of Outdoor Action are to provide a safe wilderness experience in a supportive group environment. I am aware that as a participant I am required to follow the policies and guidelines set by the Outdoor Action Program and instructions from the Outdoor Action Leaders or from any outside guides provided by or through the Appalachian Mountain Club or contracted by Princeton University.

I hereby certify that I am aware that specific personal equipment is necessary for my participation in this program and that it is my obligation to provide this equipment. I acknowledge that my failure to provide the necessary equipment may prevent my full participation in this trip. I also understand that I am responsible for and must return any Outdoor Action equipment that I borrow for this trip. I understand that there is a specified fee associated with participating in this trip and that I am responsible for paying that fee. I hereby grant permission for any photos that are taken during this activity to be used by the Outdoor Action program in promotional or other material.

I acknowledge that my participation in this trip is voluntary. I am aware that participation in this program involves outdoor activities that can be physically strenuous such as hiking, biking, canoeing or rock climbing. I hereby certify that I have discussed (or will discuss) the trip and all associated activities with my physician or health care provider and I will participate only if that my physician/health care provider considers me to be in proper physical condition to undertake any and all of the activities planned during the trip. I am aware that my participation in this trip involves activities in remote locations with limited access to hospital medical care. I am aware of the potential hazards of this activity, including, but not limited to, insect bites and stings, gastro-intestinal infections from water, infections, heat or cold-related illnesses, falls, severe weather, lightning, and difficult trail conditions. There are risks of travel as well, including risks associated with motor vehicles and poor driving conditions. I agree to follow the directions of Outdoor Action staff and Appalachian Mountain Club staff or their contracted employees in all activities.

I believe that I have been fully and adequately briefed regarding the risks inherent in the trip. I have weighed the dangers inherent in this trip, the risks presented to my own health and well-being, and my personal desire to participate in this trip. I have concluded that the risks are acceptable and are outweighed by my desire to participate.

In consideration of Princeton University enabling me to participate in this Outdoor Action program, I voluntarily assume all risks associated therewith. I hereby release the Trustees of Princeton University, its officers, agents, employees, and students, from any and all claims that I may have as a result of personal injury (including death), or property damage or loss arising out of or connected in any way with this program, unless those claims arise as a direct result of the gross negligence or willful misconduct of Princeton University, its officers, agents, employees, and students. This release includes claims arising out of the rendering of emergency medical procedures or treatment, if any. I hereby give my consent to Princeton University and thereby to leaders in the Outdoor Action Program for medical treatment should it be required during this trip. In the event that a parent or guardian cannot be reached, I hereby give permission for transport to and treatment at a hospital facility. This waiver is binding on my heirs and assigns.

SIGNATURE: _____ DATE _____