

VENTURE OUT MEDICAL HISTORY FORM

Please Print – Fill out both front & back

Name: _____ Today's Date: _____
First Middle Initial Last

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: (_____) _____ Work: (_____) _____

Name of Personal Physician: _____ Phone: (_____) _____

Emergency Contact: _____ Relation: _____

Phone: _____ Address: _____

Health Insurance Company: _____

Health Insurance Phone Number: (_____) _____ Policy Number: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

List any special diet considerations: _____

MEDICAL HISTORY

Please describe condition/treatment where possible.

- Are you currently under treatment for any illness or condition?
Describe: _____
- Do you have a condition that requires regular medication? (E.g. diabetes, epilepsy, asthma, etc.) Describe: _____
- *Are you currently taking over-the-counter or prescription medication? (If yes, explain what each medication is taken for) List: _____
- Has your doctor or other medical professional told you to limit your activity in any way?
Describe: _____
- *Have you been directed to carry an inhaler or other breathing device? (If yes, why and how often is it used?) _____
- Have you ever had or do you currently have any allergies? List: _____
- Have you ever had an allergic reaction to insect stings? Describe reaction: _____
- *Do you carry epinephrine? (e.g. "Epi Pen")
- Could you be pregnant or are you attempting to become pregnant? (if pregnant, be aware that climbing harnesses can cause potential problems)
- Do you have any physical limitations which could impact your participation in this activity?
Describe: _____
- Have you ever had injuries including back, spine, broken bones, sprains, dislocations, soft tissue injury? List injury, year of occurrence, and current condition: _____
- Have you ever undergone surgery? If yes, explain: _____
- Describe your swimming ability/comfort in water on a scale of 0-3 (0: cannot swim, 1: can float 2: basic paddle/stroke, 3: very comfortable) _____
- Date of last tetanus shot: _____

1.	YES	NO
2.	YES	NO
3.	YES	NO
4.	YES	NO
5.	YES	NO
6.	YES	NO
7.	YES	NO
8.	YES	NO
9.	YES	NO
10.	YES	NO
11.	YES	NO
12.	YES	NO

* You are required to have these with you during Venture Out activities

CARDIAC RISK FACTORS

NOTE: Research has demonstrated that adventure activities can raise heart and respiration rates in any participant and the persons with heart and respiratory problem histories can be placed at extreme risk. Individuals with 3 or more cardiac risk factors may be at risk.

1. Do you exercise less than once a week?
2. Do you (or anyone in your genetic family) have a history of heart problems? (I.e. high cholesterol, heart murmur, elevated blood pressure, heart attack, surgery, etc.) Describe indicate whom:

3. Do you get squeezing tightness or pressure in your chest during exercise?
Describe: _____
4. Do you use tobacco in any form? (cigarettes, snuff, etc.)
5. Do you have 3 or more of the following Cardiac Risk Factors? **Circle which apply.** (Age – males: >45, females: >55; tobacco use; family history of heart disease; high blood pressure; elevated cholesterol; diabetes). If you have 3 or more cardiac risk factors, consult with your physician and obtain written approval from them to participate in Venture Out activities. Without written approval from your physical or the Student Health Center, you may be asked to limit your participation in some activities.

1.	YES _____ NO _____
2.	YES _____ NO _____
3.	YES _____ NO _____
4.	YES _____ NO _____
5.	YES _____ NO _____

List any other health concerns you feel that the Venture Out staff should be aware of before you participate in our activities:

The information provided above is a complete and accurate statement of the physical and psychological factors which may affect my participation during a Venture Out activity.

I believe that I am in good health, and affirm that my participation in Venture Out activities will in no way aggravate any present condition. If in doubt, I will seek and follow medical advice.

I realize that failure to disclose information could result in serious harm, to me and other participants. I agree to hold harmless Venture Out and Virginia Polytechnic Institute and State University from liability, claim, or expense resulting directly or indirectly from my failure to disclose relevant information. This information will be kept confidential except as needed in an emergency.

I hereby consent to first aid treatment and evacuation, and to treatment, anesthesia, and/or operations in a medical facility should that become necessary in the event of a medical emergency while a participant in and relation to Venture Out activities. In case of treatment, I consent to the release of medical records and accident report forms to insurance companies, my employer (if at Venture Out as part of a company sponsored program), or agencies deemed appropriate by Venture Out.

Participant's Signature
(Parent or Guardian Signature if under 18)

Date

Comments: _____

FOR OFFICE USE ONLY

Initial Review: _____ on _____

Updated by: _____ on _____

Reviewed by: _____ on _____

Comments: _____



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ventureout@vt.edu

VENTURE OUT

Assumption of Risk Form

(Please Print)

I, _____, wish to participate in recreational activities offered through Venture Out, a program of The Division of Student Affairs (Dept. of Recreational Sports). In doing so, I agree to indemnify, defend, and hold harmless, Virginia Polytechnic Institute and State University and their officers, agents, and employees from any claims, damages, and actions of any kind or nature, whether at law or in equity, arising from my participation in a Venture Out trip, provided that such liability is not attributed to the sole negligence of the University.

I understand that by participating in a Venture Out activity I am exposing myself to many potential hazards, including but not limited to, severe injury and/or death. The Venture Out staff strives to manage these risks, but many risks are beyond the control of the Venture Out center staff. The following are a list of some inherent dangers and risks that may or may not be present on a Venture Out trip:

- Injury, illness, and/or any other incidents that may take place a considerable distance from 911 emergency systems with limited cell phone coverage.
- Travel in a vehicle driven by someone other than myself
- Forces of nature including storms, lightning, wind, rain, snow, ice, cold, heat, changes in weather, and water levels
- Injuries to organs, muscles, joints, and bones
- Injuries inflicted by animals, plants, UV-rays, and/or other natural causes
- Physical exertion associated with outdoor adventure related activities (fatigue, muscle soreness, joint stiffness, and blisters)
- Exposure to fire (man-made or natural)
- Hazards associated with water
- Potential hazards associated with backcountry navigation
- Problems resulting from improper use of equipment

I willingly choose to participate in the Venture Out Program. While participating, I will be responsible for my equipment and myself. I understand that Virginia Tech does not carry medical insurance for participants involved with Venture Out and therefore I am responsible for my own medical insurance.

I am informed about and assume risks associated with Venture Out related activities. I understand that I am responsible for my own decisions and subsequent actions and agree, as a participant, to the duties listed below:

DUTIES OF PARTICIPANTS

- Participants have the duty to act in a reasonable and prudent manner when engaging in recreational activities offered by Venture Out
- Participants may not participate in any Venture Out adventure related activity while under the influence of alcoholic beverages and/or controlled substances
- Participants may not engage in harmful conduct or willfully and/or negligently engage in any type of conduct which contributes to or causes injury to any person or personal property
- Participants may not interfere with the safe running and operation of the expedition, including failure to use safety equipment provided by Venture Out or failure to follow the trip leader's instructions in regard to safety or conduct
- Participants must inform or notify the trip leader of any incident or accident involving personal injury or illness experienced during the course of a Venture Out related activity. If such injury or illness occurs, the participant shall leave personal identification, including name and address with the Venture Out center.
- Participants must advise trip leader or the trip guide of any known health problems or medical conditions along with any prescription medication that may be used in the treatment of such health during the course of the Venture Out activity
- I, the participant, agree to abide by all Venture Out, Dept. of Recreational Sports, and University policies/procedures. I agree that I will support an alcohol/drug free environment by not consuming alcohol or drugs during this event. I also agree to follow the instruction and guidance of the university sponsor.

Initial

PARTICIPANT INFORMATION

I have read, understand and agree to the above listed terms, risks, and duties as outlined on the front side of this form.

Participant's
Signature: _____ Date: _____

Parent Signature
(If under 18): _____ Date: _____

Participant Name: _____

Student ID #: _____

Insurance Company: _____ Policy #: _____

Please list any physical limitations and/or medical conditions that may affect your participation:

Please list any prescription medications that you are currently taking:

Please list any allergies to drugs, chemicals, dusts, foods, animals or pollens:

Emergency Contact: _____

Relation: _____ Phone: _____

Address: _____

Have you ever been on a Venture Out trip? _____

How did you hear of us? _____

AUTHORIZATION TO USE PHOTOGRAPHS

By completion of this form, I irrevocably authorize Venture Out and the Dept. of Recreational Sports to copyright, use, and publish for any legal purpose, any and all photographs of me or the previously mentioned minor which may be taken during this expedition without further compensation to me. All photographs shall be solely the property of Venture Out.

Trip Title: _____ Date: _____

Name: _____ Phone: _____

Address: _____

Email: _____



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