

AURORA 2019 – Health History

Please return your COMPLETED form to:
 Marie Taylor – AURORA Registration Coordinator
 Shaver’s Creek Environmental Center
 3400 Discovery Rd
 Petersburg, PA 16669

Please mark the session that you are enrolled for:

<input type="checkbox"/> ORION LEAP (8/3-8)	<input type="checkbox"/> POLARIS
<input type="checkbox"/> ORION Fall 1 (8/12-16)	<input type="checkbox"/> URSA
<input type="checkbox"/> ORION Fall 2 (8/19-23)	<input type="checkbox"/> RIGEL
<input type="checkbox"/> VEGA 1 (Travel Day 8/11, 8/12-16)	
<input type="checkbox"/> VEGA 2 (Travel Day 8/18, 8/19-23)	

Name: _____ Sex: _____

Address: _____ Phone: _____

_____ Email: _____

In case of emergency please notify:

Name: _____ Relation: _____

Address: _____ Phone: _____

Family Physician: _____

Address: _____ Phone: _____

Medical/Health Insurance Company: _____

Phone: _____ Policy #: _____

Do you have a history of (please check): **If yes, please describe. *Add paper if necessary.***

	<u>Yes</u>	<u>No</u>	<u>If yes, please describe in detail</u>
Asthma (If yes, medical documentation is required for you to participate as this is a physically active program)	—	—	
Back problems	—	—	
Knee problems	—	—	
Diabetes	—	—	
Seizures/Convulsions	—	—	
Blood Conditions (hemophilia?)	—	—	
Heart Condition	—	—	
Other: _____			

Height: _____ Weight: _____ Resting Pulse Rate: _____

Date of most recent tetanus booster: _____ Date of most recent Physical Exam: _____

Allergies: what is your allergy? _____ (ie. bees stings, foods, medications, shellfish, iodine?)

Severity of Allergy: Mild Moderate Severe Life Threatening

How does Reaction Present Itself? _____

(If you have an allergy that requires epinephrine, please be sure to bring your own Epi-pen)

Dietary Restrictions: Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Vegetarian
<input type="checkbox"/> Vegan
<input type="checkbox"/> Gluten Free
<input type="checkbox"/> Nut Free
<input type="checkbox"/> Kosher
<input type="checkbox"/> Halal | <input type="checkbox"/> Dairy Free
<input type="checkbox"/> Other (including allergies) – Explain:

_____ |
|---|---|

Any Operations/Serious Injuries? Are you completely recovered? No___ Yes___ If yes, please describe.

Any Physical Limitations? No___ Yes___ If yes, please describe in detail.

Are you taking any medications?(includes birth control, vitamins, etc) No__ Yes__ If yes, list names and dosage.

What is your **experience** level?

___ I have never backpacked before (backpacking = carrying a full pack for at least one overnight).

___ Novice—I have backpacked once or twice in my life.

___ Intermediate—I have backpacked three to five times before.

___ Advanced—I have been on more than five backpacking trips.

Do you have ANY condition that requires regular visits to a doctor? **Please describe.** Use additional paper if necessary.

You will be carrying a 30–40 lb. backpack over rough and sometimes steep terrain for 4-10 miles a day. Do you have ANY physical conditions that might be worsened or aggravated by this activity? **Please describe:**

Any other physical, cognitive, sensory or emotional limitations of which you would like our staff to be aware of or that might require special accommodations?

PERMISSION AND CONSENT

I certify that this health history is correct. I hereby authorize a physician(s) selected by the AURORA Program, or staff at the University Health Services or the Emergency/Outpatient Department of the most appropriate hospital to provide such care that includes routine diagnostic procedures and medical treatment as necessary.

I understand this consent is valid only during the stated dates of the AURORA Program.

I give permission for the AURORA Program Staff to provide first aid. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature

Date

Signature of guardian if participant is not 18 years old

Date

** If for religious reasons you cannot sign any part of this document, please contact AURORA director for a legal waiver that must be signed for attendance.

The Pennsylvania State University
Acknowledgement and Assumption of Risks—
AURORA First-Year Orientation Program (KINES 089)

Please review this document carefully before signing. All students/participants must sign this document. For participants under 18 years of age, parents or guardians must also sign.

The AURORA program takes place in wild and remote settings. It is important that participants (and parent(s) of minor participants) understand the risks (also known as hazards or dangers) associated with AURORA adventure activities. AURORA makes reasonable efforts to manage the risks, but does not provide a guarantee of safety. Some, but not all of the activities, which may be mandatory or optional, scheduled or unscheduled, supervised or unsupervised as part of the AURORA program include:

- Travel and living in remote wilderness settings
- Cooking on a camp stove
- Using liquid fuel (white gas or denatured alcohol) stoves
- Transportation in 15-passenger vans
- Wilderness first aid and rescue, real and simulated
- Backpacking and camping in mountains
- Rock climbing
- Swiftwater canoeing
- Flatwater canoeing
- Involvement in teambuilding games and activities

Some, but not all of the inherent or other risks of activities that participants may or will be exposed to include:

- Misjudgments by self, others, or by AURORA leaders
- Inappropriate conduct or negligence by self, others, or AURORA leaders
- Unpredictable weather
- Extreme cold and heat, sun, lightning, wind, rain, and snow
- Unmarked or obscured hazards
- Moving water in creeks and rivers, whitewater
- Difficult stream crossings
- Steep slopes, difficult terrain, downed trees
- Falling rocks and/or trees
- Sustained lifting, carrying, or hiking
- Improper hygiene
- Failure of equipment, despite reasonable maintenance
- Remote locations, hours from help
- Dangerous road conditions and transportation problems
- Falling down or slipping
- Animal hazards: stings, bites, poisoning, and blows (trauma)
- Other risks associated with adventure activities

These and other activities, risks, hazards, and dangers can result in (for example):

- Falls, being struck, or colliding with objects or people
- Experiencing vehicle capsize or collision
- Drowning
- Becoming lost or disoriented
- Injuries due to heat, cold, altitude, or heavy exertion
- Illness: long- or short-term, gastrointestinal problems

These and other activities, risks, hazards, and dangers can result in (for example):

- Broken bones, wounds, cuts, burns
- Property damage or loss
- Mental/emotional trauma, temporary or permanent
- **Other injury, damage, permanent disability, death, or loss**

I (participant and parent(s)/guardian(s) of a minor participant), affirm that I am participating in activities facilitated by Shaver's Creek Environmental Center's AURORA program.

I (together with my parent or guardian, if I am under the age of eighteen or am not legally able to sign for myself) represent, covenant and agree, on behalf of myself and my executors, heirs, assigns, and any other person claiming by, under, or through me, as follows: I acknowledge that participating in the activities involves inherent risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur and assume all risks of any injuries, damages, m harm, which arise during or result from my participation in the above activity. I understand and am aware that the activities I am participating in, including the use of equipment and elevated heights, are inherently hazardous activities from which the risk of harm or injury cannot be eliminated. I recognize that I have the option to not participate in these activities instead of encountering these inherent risks. I hereby agree to expressly assume and accept any and all risk involved with my participation in these activities. I understand that The Pennsylvania State University strongly recommends that each participant have an annual physical examination and carry personal health and accident insurance to adequately cover me in the event that I suffer injury or death while participating in the above referenced activities.

I agree not to bring any action legal, equitable or otherwise or make any claim whatsoever against The Pennsylvania State University and/or its departments, trustees, affiliates, employees, volunteers, officers, agents or insurers (Released Parties) for any injuries, damages, losses or claims, whether known or unknown, which arise during or result from my participation in the above activity. In addition, I do hereby release and forever discharge the Released Patties of any responsibility or liability of any nature to me for any personal injuries, death or property damage which I may suffer or incur either directly or indirectly as a result of my participation in the above-referenced activities.

I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a Result of any claims or suits that I or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during, or result from, my participation in the above-referenced activities.

I hereby authorize Pennsylvania State University to photograph, video record, or audio record me engaging in activities led by Shaver's Creek Environmental Center. I further authorize Pennsylvania State University to use any photographic, video, or audio recordings for promotional or instructional purposes.

I have read and understand the above stated information and all other AURORA program information received.

I gave carefully read, reviewed, completed, and signed the provided AURORA forms and paperwork and agree to abide by the terms of those documents.

I know that AURORA staff is, and has been available, should I have questions regarding the nature and physical/mental demands of AURORA activities and risks associated with those activities.

I have carefully read and reviewed this Acknowledgement and Assumption of Risk document. I understand it fully and I execute it voluntarily with the intent to be legal bound hereby for myself and on behalf of my heirs, executors and Assigns.

All participants and parent(s) or guardian(s) of any minor participants (those under 18 years of age) MUST sign below:

_____ Participant Signature	_____ Date	_____ Print Name Here
_____ Parent or Guardian Signature	_____ Date	_____ Print Name Here
_____ 2nd Parent or Guardian Signature	_____ Date	_____ Print Name Here