



# Registration/ Pre-Course Health Record



**REGISTRATION**  
 Trip/ Course Name: \_\_\_\_\_ Offering # \_\_\_\_\_

**PARTICIPANT**  
 Name \_\_\_\_\_ Daytime Telephone # (\_\_\_\_) \_\_\_\_\_  
 Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_ Evening Telephone # (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. \_\_\_\_\_ email \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

**EMERGENCY CONTACT**  
 Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Daytime Telephone # (\_\_\_\_) \_\_\_\_\_  
 Evening Telephone # (\_\_\_\_) \_\_\_\_\_

**PHYSICIAN**  
 Name \_\_\_\_\_  
 Telephone # (\_\_\_\_) \_\_\_\_\_  
 FAX # (\_\_\_\_) \_\_\_\_\_  
 email \_\_\_\_\_

**INSURANCE INFORMATION**  
 Each participant is responsible for any medical expenses and should be covered by his/her own illness and accident insurance. Please answer the following questions for our insurance records: DO YOU HAVE INSURANCE? Yes  No   
 Insurance Company \_\_\_\_\_ Policy/Certificate # \_\_\_\_\_  
 Prescription Plan # \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

**Allergies** (Including allergies to medicines, foods, insect bites/stings, etc.) NONE  or...

Allergy	Reaction	Medication Required (if any)

**Current Medications** (Including psychiatric medication, over-the-counter medication, inhalers, etc.) NONE  or...

Medication	Taken For: (Symptom/Condition)	Dosage	Date Started	Current Side Effects

**Health Profile** Please describe any physical/ mental/ medical conditions (including current pregnancy, etc.) or medical history that might affect your participation. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Trips-** If you are participating in one of our trip offerings, please answer the following:  
 1. Do you have any dietary restrictions? (ie vegetarian, diabetic, allergies, etc) Yes  No   
 If yes please describe \_\_\_\_\_  
 2. Do you have a tent? Yes  No  N/A  If yes, do you have tent space to share? No  Yes  how many? \_\_\_\_\_

I have accurately answered all of the previous questions and I understand that failure to disclose such information could result in serious harm to my fellow participants and me. I also understand the risks of participating with any current medical conditions. It is my responsibility to ensure that I am able to physically participate in the program offering. If I have any questions, I will consult a physician.

\_\_\_\_\_  
 Applicant's Signature / Parent or Legal Guardian Signature (if Participant is under 18) \_\_\_\_\_  
 Date



# Waiver of Liability, Assumption of Risk & Indemnity Agreement

Elective/Voluntary Activities Waiver

<b>Recreation</b>	<b>Climbing Team</b>
Department	Class/Activity

**Waiver:** In consideration of being permitted to participate in any way in UCSB Climbing Team trainings, clinics, and all associated trips and instruction.

hereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in The Activity.

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent** in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

_____ Signature of Participant	_____ Print Name of Participant	_____ Date	_____ Age (if Minor)
_____ Signature of Parent/Guardian of Participant if Minor	_____ Print Name of Parent/Guardian of Participant if Minor	_____ Date	