OUTWARD BOUND

RETURN

FOLLOW-UP

4 PAGE PARTICIPANT MEDICAL RECORD

OFFICE USE ONLY

APPROVAL

PART I – GENERAL INFORMATION

PROGRAM/COURSE NUMBER _____ START DATE _____

APPLICANT

Name: _____ Title: ☐Dr. ☐Mr. ☐Mrs. ☐Ms. ☐Miss ☐Other _____

Address: _____ Age at Program Start: _____ DOB: _____

City/State/Zip: _____ Height: _____ ft. _____ in. Weight: _____lbs.

Home Phone: _____ Sex: ☐Male ☐Female ☐Intersex

Cell Phone: _____ Gender: ☐Male ☐Female ☐Non-Binary ☐Transgender

E-mail: _____ Occupation: _____

Parent/Custodial Guardian 1 (if applicant is under 21)

Name: _____

Title: ☐Dr. ☐Mr. ☐Mrs. ☐Ms. ☐Miss ☐Other _____

Relationship to Applicant: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Parent/Custodial Guardian 2 (if applicant is under 21)

Name: _____

Title: ☐Dr. ☐Mr. ☐Mrs. ☐Ms. ☐Miss ☐Other _____

Relationship to Applicant: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Emergency Contact (other than parent/guardian if the applicant is under 21)

Name: _____ Relationship to Applicant: _____

Home Phone: _____ Cell: _____

Email Address: _____ Work Phone: _____

Ethnicity (optional)

☐ Asian ☐ Caucasian (Non-Hispanic) ☐ American Indian/Alaskan Native

☐ Multi-Ethic ☐ Native Hawaiian or Pacific Islander ☐ Unknown

☐ Hispanic or Latino ☐ African American ☐ Other:_____

SIGNATURE REQUIRED Consent is hereby given for the applicant to attend an OUTWARD BOUND program and permission is given for any emergency anesthesia, operation, hospitalization or other treatment (whether for an emergency or not) which might become necessary. I agree to be responsible for any and all costs associated with such treatment, including the costs of evacuation, if any. All information will be kept confidential except that information may be disclosed to any medical or other provider as needed for my (or my child's) care. If Outward Bound arranges for treatment for me (or my child) by a medical provider, I authorize that medical provider to release information about me (or my child), and my (or my child's) condition and treatment to Outward Bound. Over the years, many students with a variety of medical and psychological difficulties have successfully completed our programs, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you (or your child) and fellow students. I understand that I (or my child) may be in remote areas, several hours or days away from any medical facility or where communication, transportation, or evacuation is subject to delay. If you (or your child) arrive at the program start with a preexisting medical, behavioral or psychological condition which is not indicated on your medical form and you are subsequently unable to participate fully or are forced to leave the program because of that condition, you may be charged an evacuation fee and may not receive a refund of tuition.

Applicant's Signature: _____ Date _____

Parent's/Guardian's Signature: _____ Date _____

(Required if applicant is under the age of 18 OR if applicant is a resident of Alabama and is under the age of 19 OR if applicant is a resident of Mississippi and is under the age of 21.)

PART II APPLICANT MEDICAL HISTORY: PAST AND PRESENT

A. MEDICAL CONDITIONS

Do any of the following apply to you? If YES check the box next to the item and provide detail in the spaces below. Include the following:

- Specific symptoms that are occurring
- How often symptom/condition occurs
- How long symptom/condition lasts
- How you care for symptom/condition
- Date of last occurrence
- Any restrictions

CONDITION	SYMPTOMS/RESTRICTIONS
☐ High Blood Pressure	
☐ Heart Disease	
☐ Heart Murmur	
☐ Irregular Heartbeat/Palpitations	
☐ Chest Pain/Pressure	
☐ Circulation Problems	
☐ Frostbite	
☐ Heatstroke	
☐ Frequent Dizziness/Fainting	
☐ History of Altitude Sickness	
☐ Severe Headaches/Migraines	
☐ Head Injury w/Neurological Impairment	
☐ Tuberculosis/Positive TB test	
☐ Asthma or COPD	
☐ Active or History of Hepatitis	
☐ Lyme Disease	
☐ Seizure Disorder/Epilepsy	
☐ Seizure within past 6 months	
☐ Bleeding/Blood Disorder	
☐ Sickle Cell Anemia	
☐ Sickle Cell Trait	
☐ Hypoglycemia (low blood sugar)	
☐ Diabetes	
☐ Cancer	
☐ Thyroid Problems	
☐ Gastro-intestinal Problems	
☐ Special Diet	
☐ Food Allergies	
☐ Kidney Problems	
☐ Urinary Tract Problems	
☐ Bedwetting	
☐ Orthopedic Problems	
☐ Broken Bones within past year	
☐ Hearing Impairment	
☐ Vision Impairment	
☐ Skin Problem	
☐ Motion Sickness	
☐ Sleep Walking	
☐ PMS/Menstrual Problems (severe)	
☐ Currently Pregnant	
☐ Medical Equipment/Devices	
☐ Other	

B. **ALLERGIES** Include allergies to medicine, foods, insect bites/stings, environmental, etc.

Allergy List Below	**Reaction** List Below	**Medication Required** If Any

C. MEDICATIONS YOU ARE CURRENTLY TAKING If psychiatric medication*, please list any medications taken or changed within the past 3 months*. Also, list any over-the-counter, inhalers, herbal supplements, etc.

Medication List Below	**Taken For** Symptom/Condition	**Dosage** Size/Frequency	**Date Started**	**Current Side Effects**	**Expiration Date**

NOTE: If you are taking prescription medications, you MUST bring them in ORIGINAL PRESCRIPTION BOTTLES with the physician's dosage directions. If possible, bring a double supply. *Any changes to the above noted medications or dosages prior to course must be shared with Outward Bound as soon as possible.*

D. **HOSPITALIZATIONS/EMERGENCIES** Please list any hospital, psychiatric, or urgent care visits within the past year.

Date of Visit/Admittance	**Reason**	**Length of Stay**

E. BLOOD PRESSURE

Blood Pressure: _____ Date Taken: _____ (Must be within 1 year of course start)
Blood pressure may be taken with apparatus at a local grocery or drug store.

F. IMMUNIZATIONS

We recommend that all of our participants have a current tetanus immunization (within 10 years)

PART III APPLICANT PSYCHIATRIC AND MENTAL HEALTH HISTORY

G. PSYCHIATRIC AND MENTAL HEALTH CONDITIONS Within the past year.

Do any of the following apply to you? If YES, check the box next to the item and provide details on the spaces below.

- ☐ ADHD
- ☐ Anxiety Disorder
- ☐ Depressive Disorder
- ☐ Eating Disorder
- ☐ Learning Disability
- ☐ Personality Disorder
- ☐ Substance Related Disorder
- ☐ Other: _____
- ☐ Autism Spectrum Disorder
- ☐ Bipolar Disorder
- ☐ Disruptive and Conduct Disorder
- ☐ Intellectual Disability
- ☐ Obsessive Compulsive Disorder
- ☐ Schizophrenia Spectrum Disorder
- ☐ Trauma and Stressor Related Disorder

Describe: _____

Have you received treatment or therapy for any of the above, either currently or in the past year? If YES check the box next to the item and provide detail on the spaces below?

- ☐ Medication(s)
- ☐ Out Patient Counseling
- ☐ Day Treatment
- ☐ Residential Treatment
- ☐ Psychiatric Hospitalization

Describe: _____

If you checked any of the above, please provide the following information for your therapist and/or prescribing physician

Prescribing Physician Name: _____
Phone Number: _____
Fax Number: _____
E-mail: _____

Therapist Name: _____
Phone Number: _____
Fax Number: _____
E-mail: _____

PART IV APPLICANT PERSONAL HISTORY

H. LIFESTYLE

Do any of the following apply to you? If YES, check the box next to the item and provide details on the spaces below. Include dates, amounts, reasons, etc.

- ☐ Do you use alcohol? _____
- ☐ Do you use tobacco? _____
- ☐ Do you use recreational drugs or marijuana? _____
- ☐ Do you have a history or current problem with substance abuse or dependency? _____
- ☐ Have you been suspended or expelled from school in the past year? _____
- ☐ Have you been on probation or had any involvement with the justice system? _____

I. **CURRENT PHYSICAL ACTIVITY** List your current physical activity (if any). You will be expected to engage in rigorous physical activity during your Outward Bound experience. It is vital that you start (or continue) a physical fitness routine in preparation for the program.

Activity	Frequency	Time/Distance	Leisurely	Moderately	Intensely

J. SWIMMING ABILITY (CHECK ONE)

☐ Non-Swimmer ☐ Weak Swimmer ☐ Moderate Swimmer ☐ Strong Swimmer

PARTICIPANT ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS and LIABILITY RELEASE AND INDEMNITY AGREEMENT

In consideration of the services of Baltimore Chesapeake Bay Outward Bound School, Inc., and its chartering organization, Outward Bound, Inc., and its affiliated Outward Bound Services Group, and Charter Schools, (collectively referred to as "OB"), participant (and parent or legal guardian of a minor participant) acknowledges and agrees as follows**:**

Acknowledgment and Assumption of Risks

I understand that participant (and parents) share(s) the responsibility for participant's safety, for managing the risks, and for determining the participant's suitability for the program in which he/she will participate. I have accurately completed any required OB application and medical forms and have reviewed all OB program information provided to me. I agree to obey all OB rules, regulations, and policies (and have my child obey them). I have (or my child has) no mental or physical problems or limitations that might affect my (or my child's) ability to participate that have not been disclosed to OB in writing. I have had the opportunity to ask questions about the program activities and the risks of the program in which I (or my child) will participate.

I understand and acknowledge that the program(s) in which I (or my child) will participate has risks and may be physically strenuous. It is impossible to anticipate every activity in which I (or my child) will engage. Outward Bound offers numerous courses with a wide variety of activities. The list below includes many of those activities. The activities in my (or my child's) course will depend on the program in which I am (or my child is) enrolled but may include: hiking, backpacking, skiing, snowboarding, dog sledding, and/or snowshoeing (on and off trail); camping, including cooking over stoves, open fires or by other means; ropes and/or challenge courses (traversing ropes suspended off the ground, potentially at great heights, swinging or traveling by a cable and pulleys and other such activities); rock, wall or tower climbing; physical problem-solving activities; water activities including flat water or white water boating, rafting, canoeing, or kayaking; ocean sailing or sea kayaking; surfing, snorkeling, or swimming; river crossings; bicycling (including mountain biking); mountaineering (snow, glacier or ice travel or travel at high altitude); horseback riding; jogging or stair climbing; vehicle travel and travel by public, chartered or other conveyance; rescue scenarios (real or simulated); community and other service projects that may involve using tools, power equipment, ladders, or construction materials. I understand that I (or my child) may engage in other activities not listed above. The program plan may be modified for any number of reasons, including convenience, weather, emergencies, or unexpected conditions. Activities may take place in the United States or in foreign countries and may be supervised or unsupervised. In particular, participants may have time alone in remote areas. Participants may also be in urban or other areas with exposure to individuals who are not under OB's supervision or control.

It is impossible to know or list every risk associated with every activity. Risks will depend on the program. Some, but not all, of the risks I (or my child) may encounter include: unpredictable or harsh weather; earthquakes; lightning; exposure to extreme temperatures (high heat or extreme cold); exposure to high altitude, avalanches and rock fall; rapidly moving water including whitewater and rough seas; drowning; wild animals and marine life; disease carrying or poisonous plants, insects, animals, and marine life; improper or malfunctioning equipment; slipping, falling or being struck by objects or persons; risks caused or complicated by any mental, physical, or emotional conditions any participant may have; being separated from other participants and leaders for considerable periods; physical contact with other participants or other individuals; and other natural or man-made hazards. Another risk is the potential misjudgment by OB instructors, volunteers, other staff members, co-participants or contractors related to my (or my child's) participation, including but not limited to decisions regarding my (or my child's) physical condition and capabilities, weather, water, terrain, route or medical treatment. All of these risks are inherent to the activities in my OB program, which means that they cannot be changed or eliminated without altering the essential elements of the activity.

I acknowledge that participating in an OB program involves inherent risks and other risks, hazards, and dangers including some not listed above that can cause or lead to death, injury, illness, property damage, mental or emotional trauma, or disability. Furthermore, activities may take place several hours or days from any medical facility or where communication, transportation, or evacuation is subject to delay. I understand that OB cannot ensure my (or my child's) safety and does not seek to eliminate all of these risks, in part, because they facilitate the educational and other objectives of the program. I agree to assume all of the risks of the activities of my (or my child's) OB program, whether inherent or not and whether described above or not.

Liability Release and Indemnity Agreement

I hereby forever release, waive, and discharge OB, and each of its respective agents, employees, officers, directors, trustees, independent contractors, volunteers, and all other persons or entities acting under their direction and control (collectively referred to as "the Released Parties") from, and agree not to pursue a claim or sue the Released Parties for any liability, claim, or expense in any way associated with my (or my child's)

enrollment or participation in the OB program or the use of any equipment or facilities. Neither I nor anyone acting on my (or my child's) behalf will make a claim against the Released Parties as a result of any injury, illness, damage, death, or loss. This release includes any losses caused or alleged to be caused, in whole or in part, by the negligence, whether active or passive, of the Released Parties to the fullest extent allowed by law (but not for gross negligence) and includes claims for injury, property damage, wrongful death, breach of contract, or any other type of suit.

I further agree to defend and indemnify the Released Parties (to pay or reimburse the Released Parties for money they are required to pay, including attorney's fees and costs) with respect to any and all claims brought by or on behalf of me, my child, a family member, personal representative, estate, a co-participant, or any other person for any claims related to my (or my child's) enrollment or participation in the program or my (or my child's) use of equipment or facilities, including claims that OB instructors, staff, or volunteers were negligent. This includes claims for damage or injury that is finally determined to have been caused by my (or my child's) negligent conduct or intentional misconduct. This indemnity includes payment for attorney's fees and costs incurred by the Released Parties in defending a claim or suit if the claim or suit is withdrawn or where a court determines that the Released Parties are not liable for the injury or loss.

The National Park Service and certain Forest Services may not allow for the assumption of risks other than the inherent risks or for the release of liability for claims of negligence. Therefore, for activities that occur on lands controlled by these agencies where and to the extent that such a prohibition is in writing for that particular location, program, or permit at the time of the incident and found by a court of proper jurisdiction to be enforceable as a matter of law, the assumption of risk in the above paragraph is limited to assuming the inherent risks; the release of liability is inapplicable; and the indemnity agreement is limited to claims brought by or on behalf of a co-participant or person other than the student or a family member of the student. The assumption of all risks, the entire indemnity provision, and the release of liability shall remain in full force and effect for all activities or any portion of activities which do not transpire on lands controlled by these federal provisions. The indemnity provision for payment of attorney's fees when a suit is withdrawn or where a court determines that the Released Parties are not liable applies to all activities regardless of where they take place.

Additional Provisions

I agree that the substantive law of Maryland (but not any law that would apply the laws of another jurisdiction) governs this document and any dispute or suit I have (or my child has) with the Released Parties. Any mediation, suit, or other proceeding must be filed or entered into only in Maryland.

The assumption of risk, release, indemnity agreement, and all other provisions in this document are intended to be interpreted and enforced to the fullest extent allowed by law. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions, which shall continue in full force and effect. OB has permission to use my (or my child's) photo, image or video in promoting OB, including website and internet postings. OB reserves the right to remove any participant from the program when staff or an instructor believes, in his/her sole discretion, the participant presents a safety concern or medical risk, is disruptive, or acts in any manner detrimental to the program. If I am dismissed or depart (or my child is dismissed or departs) for any reason, I will be responsible for all costs of early departure whether for medical reasons, dismissal, personal emergencies, or otherwise.

I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT. I UNDERSTAND THAT I AM SURRENDERING CERTAIN LEGAL RIGHTS. I AGREE THAT THIS FORM SHALL BE BINDING ON ME, MY MINOR CHILDREN AND OTHER FAMILY MEMBERS, AND MY HEIRS, EXECUTORS, REPRESENTATIVES, AND ESTATE. I HEREBY WARRANT THAT I HAVE LEGAL AUTHORITY TO ACT ON MY CHILD'S BEHALF. I AGREE, ON MY OWN, AND ON MY CHILD'S BEHALF, TO THE TERMS AND CONDITIONS IN THIS DOCUMENT.

If participant is under the age of 18 (or if participant is a resident of Alabama and is under the age of 19) (or if participant is a resident of Mississippi and is under the age of 21) at the time this document is signed, a parent or legal guardian must sign the release in addition to the participant signing.

_____	_____	_____	_____
Participant signature	Date	Print name here	Date of Birth and Age
_____	_____	_____	
Parent or Legal Guardian signature	Date	Print name here	