



YMCA Camp McConnell

Informed Consent / Medical Information / Photo Release

I am not under the influence of any chemical substance including alcohol. Understanding that any physical activity involves the risk of increased heart rate and / or injury, I understand that my participation in programs with The McConnell Outdoor Center / YMCA Camp McConnell is entirely voluntary. I release The McConnell Outdoor Center / YMCA Camp McConnell, its employees, staff and other agents from any claims or liability arising out of participation in all Camp McConnell programs including R.O.P.E.S. and Horseback Riding. **(Sign Below)**

Name: (please print) _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Personal Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Do you have health / accident insurance? (please circle) YES NO If so, list carrier / policy number: _____

Are you taking any medication, prescribed or otherwise? YES NO If so, list medication and condition: _____

Can you swim? (please circle) YES NO

List known allergies to medications: _____

Are you allergic to ants or bees? _____ Do you carry a sting kit / epi pen? _____

Do you wear contact lenses? _____ Are you pregnant? _____

Do you currently have any of the following symptoms or conditions: (check if yes)

- | | |
|---|---|
| <input type="checkbox"/> Heart Disease or Heart Attack | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> High Blood Pressure or have High Blood Pressure | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Chest Pains, Palpitations or Heart Murmur | <input type="checkbox"/> Drug Reactions |
| <input type="checkbox"/> Have you ever had a Stroke? | <input type="checkbox"/> Back, Neck or Knee blems |
| <input type="checkbox"/> Do you have Diabetes? | <input type="checkbox"/> Environment Allergies |
| <input type="checkbox"/> History of Heart Disease, High Blood Pressure or Stroke in Family? | |

If you checked any of the above, please explain each: _____

Have you had any recent injuries? (if yes, explain) _____

List any other condition (s) we should be aware of: _____

I hereby authorize the use and reproduction by The McConnell Outdoor Center / YMCA Camp McConnell of any photographs, videotape and sound recordings taken of me during this training program for media and marketing use. (circle if no) NO

Program Title: _____

Signature of participant: _____

Parents / Guardian if participant under 18: _____