



# Parker Bounds Johnson Foundation Wilderness4Life & Wild Hearts Participant Waiver, Medical Info, & Consent Forms

**INSTRUCTIONS:** Please answer ALL portions of the documents to the best of your knowledge (check or write "None" if not applicable). Make sure to sign and date ALL documents, using **blue** or **black** pen ink only.

Attach copies of:      Proof of Medical Insurance      \_\_\_\_\_ (check if attached)  
                                 Proof of Automobile Insurance      \_\_\_\_\_ (check if attached)  
                                 Valid Driver License      \_\_\_\_\_ (check if attached)

Contact the **Parker Bounds Johnson Foundation** at **(503) 810-9100** if you have any questions or concerns about the information requested.

### Participant Agreement, Release and Assumption of Risk for Participation in Event or Activity

**In consideration** of the services of Parker Bounds Johnson Foundation, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "PBJF"), I hereby agree to release, indemnify, and discharge PBJF, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

**I acknowledge** that my participation in Wilderness4Life, Wild Hearts and any and/or all PBJF activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** Slips and falls; accidents involving other equipment or vehicles; collision with fixed or movable objects; injuries or accidents involving contact with equipment; falls from equipment; the negligence of other operators of motor vehicles or myself; cuts, bruises, abrasions, burns, and concussions; weather conditions; falling objects; water hazards; falling into water, and accidental drowning; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, aggressive and/or poisonous marine life and hazardous plant life; equipment failure; and improper lifting or carrying; hidden obstacles by snow including crevasses, ice and snow cornices, tree wells, tree stumps, creeks rocks and boulders, below the snow surface; loss or damage to equipment being used; being lost or separated from their guides or companions by traveling in forested areas, rugged terrain, or bad weather; exposure to altitude and cold including hypothermia, frostbite, acute mountain sickness, exhaustion, cerebral and pulmonary edema; my own physical condition, and the physical exertion associated with this activity; the condition of roads, terrain, or highways and accidents connected with their use. Communication in any given terrain may be difficult and in the event of an accident, rescue and medical treatment may not be immediately available.

\_\_\_\_\_  
PRINTED NAME OF PARTICIPANT

\_\_\_\_\_  
PRINTED NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE



Parker Bounds Johnson Foundation  
Wilderness4Life & Wild Hearts  
Participant Waiver, Medical Info,  
& Consent Forms  
(page 2 of 5)

**Furthermore**, PBJF employees and volunteers have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

1. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
2. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless PBJF from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of PBJF 's equipment or facilities, including any such claims which allege negligent acts or omissions of PBJF.
3. Should PBJF or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
5. This Release shall be binding upon the parties and their respective heirs, administrators, personal representatives, executors, successors and assigns. I have the authority to release the Claims and have not assigned or transferred any Claims to any other party. The provisions of this Release are severable. If any provision is held to be invalid or unenforceable, it shall not affect the validity or enforceability of any other provision. This Release constitutes the entire agreement between the parties and supersedes any prior oral or written agreements or understandings between the parties concerning the subject matter of this Release. This Release may not be altered, amended or modified, except by a written document signed by both parties. The terms of this Release shall be governed by and construed in accordance with the laws of the State/Commonwealth of Oregon
6. In the event that I file a lawsuit against PBJF, I agree to do so solely in the state of Oregon, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against PBJF on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms. If the participant is a minor, I further grant participation and agree to indemnify and hold harmless PBJF any and all claims which are connected in any way to PBJF events or activities.**

\_\_\_\_\_  
PRINTED NAME OF PARTICIPANT

\_\_\_\_\_  
PRINTED NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
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Parker Bounds Johnson Foundation  
Wilderness4Life & Wild Hearts  
Participant Waiver, Medical Info,  
& Consent Forms  
(page 3 of 5)

### Participant Medical Information - PART I

This information is useful for trip safety and emergency situations. By requesting this medical history, we do not imply that we have the expertise to assess your physical condition, or your ability to participate safely in this trip. This determination of ability to participate must be made by you, the participant, your parent/guardian, and in concert with your physician. We do not have physicians or medical personnel available during events or activities.

Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Age: \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ M/F Height: \_\_\_\_ft. \_\_\_\_ins. Weight: \_\_\_\_lbs.

#### Emergency Contact (parent/guardian if under 18)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone # (\_\_\_\_) \_\_\_\_\_

Evening Phone # (\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_

Physician's Name \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_

**Insurance Information:** Each participant is responsible for any medical expenses and should be covered by his/her own illness and accident insurance.

DO YOU HAVE INSURANCE? \_\_\_\_ Yes / No Attached Proof of Insurance? \_\_\_\_ Yes / No

Insurance Company \_\_\_\_\_ Policy/Certificate # \_\_\_\_\_

Prescription Plan # \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Do you wear glasses or contacts? \_\_\_\_ Yes / No Do you have an extra pair? \_\_\_\_ Yes / No

Are you hearing impaired? \_\_\_\_ Yes \_\_\_\_ No

Do you have any dietary needs or restrictions? \_\_\_\_ Yes \_\_\_\_ No

(Please explain any Yes answers below)

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\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE



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Wilderness4Life & Wild Hearts  
Participant Waiver, Medical Info,  
& Consent Forms  
(page 4 of 5)

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## PART II Participant History: Past and Present Medical Problems

### A. Conditions and Symptoms

Do you have any medical conditions that we should be aware of (such as high blood pressure, seizures, bleeding disorders, asthma, chronic pain, diabetes, broken bones, etc.)?

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### B. Allergies

Do you have any allergies (including medication, foods, insect bites/stings, etc.)? \_\_\_\_ Y / N  
Please list type of allergy, reaction, and medication (if any)

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### C. Medications

Are you currently taking any medications (including psychiatric, over-the-counter, and inhalers)?  
\_\_\_\_ Y / N Please list medication, what symptom/condition the medicine is for, dosage,  
current side effects (if any)

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**NOTE:** If you are currently taking a medication, please bring it in a non-breakable, waterproof container along with dosage instructions.

### D. Hospitalizations/Emergencies/Urgent Care

Have you been admitted to the hospital, emergency department, or urgent care within the past two years? \_\_\_\_ Y / N Please list date of visit/admittance, reason, and length of stay

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**Authorization for treatment:** I hereby give permission to the medical personnel selected by PBJF staff to order x-rays, routine tests, treatment, and provide necessary transportation. I hereby give permission to the physician selected by the PBJF staff to secure and administer treatment including hospitalization for the individual as named above.

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SIGNATURE OF PARTICIPANT

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DATE

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SIGNATURE OF PARENT/GUARDIAN

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DATE



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Wilderness4Life & Wild Hearts  
Participant Waiver, Medical Info,  
& Consent Forms  
(page 5 of 5)

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**PHOTO AND VIDEO CONSENT/RELEASE**

From time to time we would like to share some of the moments we have preserved on film from our events on the PBJF **Wilderness4Life.org** website, our newsletter or with the larger community.

**If you are under 18 years of age**, please have your parent or guardian sign this form. We will not publish names of the participants in the photos unless express permission is granted from the parent or legal guardian.

**Please check the appropriate box below:**

- I give permission** to PBJF to use photographs or video clips of my child(ren) in its promotional materials. This might include distributing photos to newspapers and other media, publishing photos in the organization's printed literature and advertising, and posting photos on the organization's web site and social media sites. This is voluntary and without expectation of compensation.
- I do NOT give permission** to PBJF to use photographs or video clips of my child(ren) in its promotional materials.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE