

**MINNESOTA STATE UNIVERSITY, MANKATO
MAVERICK ADVENTURES
RELEASE OF MEDICAL INFORMATION**

The information requested below is private data. As required under Minnesota Statutes 13.04, Subd. 2 (Tennessen Act) you are advised that the data will be used in the event you require emergency medical treatment by other persons administering first aid or by medical personnel. You may refuse to supply the requested information and still be allowed to participate in the physical activities upon signing the Assumption of Risk, Waiver of Liability, Indemnification and Release. However, failure to provide the data may hamper the provision of emergency medical treatment to you in the event of injury or illness.

You are encouraged to consult your medical professionals if you have any questions about your participation. Please consult your physician if you are pregnant or think you may be pregnant, and/or if you have any heart or other conditions that may limit your ability to participate in the physical activities. This form applies to all activities or events in which you participate in conjunction with the ropes course, outdoor wall or indoor rock wall climbing, or any related physical activities.

Name _____ Phone _____

Address _____

_____ Age _____

Contact Person in Emergency _____ Phone(s) _____

Address _____ Relationship _____

HEALTH HISTORY (Describe condition/treatment where possible):

Allergies (e.g. insect stings, drugs, etc.)

N/A

Conditions requiring regular medication (e.g. diabetes, epilepsy)

N/A

List any medications you are currently taking:

N/A

Recent injuries, illnesses, operations:

N/A

Other physical disabilities or chronic conditions

N/A

Emotional or behavioral disorders (e.g. phobias)

N/A

I, the participant (or parent/legal guardian of minor applicant), assume full responsibility for the participant's health being such that the physical activities will in no way aggravate any conditions present. If in doubt, medical advice will be sought and followed. The sponsoring agency will be notified of any changes in the applicant's health status prior to trip departure. I realize that unforeseen hazards may exist because of natural occurrences beyond the control of the University staff.

I declare the statements on this form to be true.

Signature _____ Date _____
(Participant or Legal guardian of minor participant under 18 years of age)