

RETURN ASAP: Complete and return with a **photo of your Insurance Card** to recreation@uwec.edu.

Health and Release Form & Liability Waiver

The University of Wisconsin – Eau Recreation and Sport Operations program involves a variety of activities that often involve risk. Participation in a University of Wisconsin – Eau Claire program and its activities is always an individual choice. There are risks, which must be assumed by each participant, that they may suffer an emotional or physical injury or disability.

The University of Wisconsin - Eau Claire Recreation and Sport Operations policy requires that every participant provide certain health/medical information so that staff are prepared to help participants make informed choices about their level of participation. The following information will be kept confidential.

Name: _____ D.O.B.: _____

Preferred Name if different: _____ Preferred Pronouns: _____

Address: _____ Cell Phone: _____

Legal Gender: _____ Height: _____ Weight: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Health Insurance Company: _____

ID#: _____ Group#: _____

MEDICAL INFORMATION:

Please check any concerns applicable to you and make comments below.

- | | | |
|--|---|---|
| <input type="checkbox"/> Problems with hearing | <input type="checkbox"/> Problems with vision | <input type="checkbox"/> Depression, anxiety, nervousness |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Low or High blood pressure |
| <input type="checkbox"/> Motion sickness | <input type="checkbox"/> Asthma | <input type="checkbox"/> Chronic skin problems, rash, infection |
| <input type="checkbox"/> History of diabetes | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Severe illness or major surgeries |
| <input type="checkbox"/> Frequent headaches | | |
| <input type="checkbox"/> Frequent infection of throat, tonsils, sinuses, ears | | |
| <input type="checkbox"/> Chronic neck, back, shoulders, joint pain, swelling or stiffness without injury arm or leg pain | | |

Explain concerns from above and any other medical issues: _____

In the interest of providing a safe and enjoyable experience for all participants we ask that you take the time to answer the following questions. This information will be kept confidential by the University of Wisconsin – Eau Claire and only shared in the event of an emergency.

Are you allergic to any insect bites or stings? _____

Are you allergic to any drugs? (Penicillin, aspirin, sulfa, etc.) _____

Do you use any prescription drugs? (If yes, please explain.) _____

Are you immunized against tetanus? (If yes, give date of last booster) _____

I have read and understand the terms of the Health and Release Form, and I hereby knowingly and voluntarily authorize Recreation and Sport Operations staff to use or disclose my health information in case of an emergency.

Signature: _____	Date: _____
Parent/Guardian Signature: _____	Relationship: _____

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the university has advised me to seek the advice of my physician before participating in the University of Wisconsin Eau Claire fitness programs. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Hold Harmless, Indemnity and Release:

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Eau Claire, and their officers, employees, agents, volunteers, and all others who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Eau Claire, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Consent for Emergency Treatment:

I authorize the University of Wisconsin-Eau Claire and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. **I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.**

I have read and understand the terms of the Liability Waiver, and I hereby knowingly and voluntarily choose to participate in this University of Wisconsin – Eau Claire program.

Signature: _____	Date: _____
Parent/Guardian Signature: _____	Relationship: _____

In addition, please complete the following information so we can order meals ahead of time.

Name: _____ Cell Phone (for GroupMe App): _____” _____

List any food or beverage allergies: _____

Pizza

Preferred topping: _____ Any special requests: _____

Acoustic Café

1. Circle Protein Choice (choose up to 3):

<i>Ham</i>	<i>Turkey</i>
<i>Salami</i>	<i>Corned Beef</i>
<i>Roast Beef</i>	<i>Combo (Ham, Salami, & Corned Beef)</i>
<i>Tuna Salad</i>	<i>Extra Cheese</i>
<i>Garlic Hummus</i>	<i>Spicy Tomato Basil Hummus</i>

**ORDERING DETAILS
STAFF COMPLETES**

Name: _____

Date: _____

Time: _____

2. Circle what toppings you **DO NOT WANT** on your Hoagie. It will automatically come with the following:

<i>Swiss Cheese</i>	<i>Provolone Cheese</i>
<i>Lettuce</i>	<i>Tomato</i>
<i>Onion</i>	<i>Mild Yellow Peppers</i>
<i>Mayo</i>	<i>Special Sauce</i>

3. Would you like your hoagie to be *HOT* or *COLD*? (circle one)

4. Circle Chip selection:

<i>Regular Lays</i>	<i>Sour Cream & Onion</i>
<i>Baked Lays</i>	<i>Sea Salt Kettle</i>
<i>Salt & Vinegar Kettle</i>	<i>BBQ Kettle</i>
<i>Jalapeno Kettle</i>	

Chipotle

1. Circle Base

<i>Cilantro-Lime White Rice</i>	<i>Cilantro-Lime Brown Rice</i>
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2. Circle Protein Choice

<i>Chicken</i>	<i>Carnitas</i>
<i>Steak</i>	<i>Beef Barbacoa</i>
<i>Sofritas</i>	<i>Veggie</i>

**ORDERING DETAILS
STAFF COMPLETES**

Name: _____

Date: _____

Time: _____

3. Circle any fillings you **DO NOT WANT**, or it will come with the following:

<i>Black Beans</i>	<i>Cheese</i>	<i>Fresh Tomato Salsa</i>
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