

STUDENT/MINOR

BEYOND THE MAP

*Outdoor Education Field Study Release from liability
Presented by FLORIDA SAFARI ADVENTURES, INC.*

Dear Parent/Guardian:

Your son/daughter/ward will be partaking in the associated Beyond the Map itinerary which includes transportation by Florida Safari Adventures, Inc, d/b/a Beyond the Map throughout the duration of the trip experience. He/she should possess the physical abilities to participate in all of the activities outlined in the associated itinerary. He/she may encounter risks during the course of the study that may be unlike those in or about the home or school. All trip experiences are outdoors related and therefore, he/she must possess adequate physical capabilities. Beyond the Map field guides are very familiar with the area of study, take the utmost precautions and do their best to teach participants about the surrounding natural environments so they will be better prepared to take care of themselves outdoors. However, Beyond the Map cannot be held responsible for inherent risks in the environment.

During the trip students could be doing a variety of outdoor activities, including hiking, zip lining, caving, white water rafting and waterfall rappelling. While no experience is necessary for any of these activities, students should possess adequate physical capabilities, including the ability to swim, in order to participate.

I am aware of the inherent risks and relieve Beyond the Map and instructors of these risks.

I give permission for (Student's name) _____

To attend the education program called (name of field trip) _____

on (date) _____ under the supervision of _____ of _____
(teacher/class leader) (name of school/organization)

I agree to direct my son/daughter/ward to comply with all school and Beyond the Map policies and cooperate with all authorized personnel in charge of conducting this field study program.

I hereby authorize and give full consent to Beyond the Map to copyright or publish all photographs, sound recordings or video recordings taken by them in which my son/daughter/ward appears. I further agree that they may use these photographs and/or recordings for all exhibitions, public displays, publications, commercial art, advertising purposes and all types of film.

I authorize Beyond the Map Trip instructors in charge of this field study to arrange for professional care of my son/daughter/ward in case of a medical emergency and/or to administer CPR/first aid when necessary.

_____ <i>(signature of parent or guardian)</i>	
_____ <i>(address/city/zip)</i>	
Telephone (home) _____	(work) _____

REMEMBER THAT BOTH SIDES OF THIS FORM MUST BE COMPLETED AND SIGNED BY THE LEGAL GUARDIAN IN ORDER FOR THE LISTED MINOR TO PARTICIPATE.

BEYOND THE MAP
Student/Minor Emergency Release

Name:

First

Middle

Last

Address:

Street

City

Zip

Male / Female

Date of Birth (mm/dd/yy)

Emergency Contact to be contacted in case of illness or injury:

Name: _____ Relationship to Adult: _____ Email: _____

Emergency Contact Phone: (_____) _____ Alternate Phone: (_____) _____

Alternate Emergency Contact to be contacted in case of illness or injury:

Name: _____ Relationship to Adult: _____ Email: _____

Emergency Contact Phone: (_____) _____ Alternate Phone: (_____) _____

Diet/Nutrition: regular diet a vegetarian diet I have special food needs

Please describe any special food needs:

Allergies: No known allergies I am allergic to: Food Medicine The environment (insect stings, hay fever, etc.)

Do you have an EPI pen? Yes No

Describe any allergies:

Immunizations: Diphtheria, Tetanus, Pertussis (DTaP or TdaP) Date: _____

Health-Care Providers:

Primary doctor: _____ Phone: (_____) _____

Medical Insurance Information:

Family medical/hospital insurance Yes No

Insurance company: _____ Policy Number: _____

Subscriber: _____ Insurance company phone number: (_____) _____

General Health Information: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

- | | | |
|---|--|--|
| 1. Fainting or dizziness | <input type="checkbox"/> Yes <input type="checkbox"/> No | Please explain "Yes" answers in the space below, noting the number of the questions. If there are any other medical concerns, please explain in the space below. |
| 2. Recurrent/chronic illnesses | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Problems with falling asleep/sleepwalking | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. Recent injury | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. Asthma/wheezing/shortness of breath | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. Heart condition | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. Seizures | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Wear glasses, contacts, or protective eyewear | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11. Skin problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Authorization:

This health history is correct and accurately reflects the health status of the minor to whom it pertains. The person herein described has permission to engage in all Beyond the Map Trip activities. I understand there is some inherent risk in activities on the designated field trip and accidents do occur. I hereby authorize any medical center emergency department physician to medically or surgically treat the above listed minor. I agree to release any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the physician to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for above listed minor, in the event of an emergency.

Print

Signature

Date