



Integrating the Missouri River in Your Classroom: Registration Packet



Dear Educator,

Thank you for choosing to enroll in the Integrating the Missouri River in Your Classroom Educator Workshop. This packet contains important forms that need to be completed and returned.

Forms include:

- Participant Medical Form
- General Risk Release Form

Please mail or e-mail these forms by May 1st, 2018 for the Kansas City Educator Workshop to Missouri River Relief, PO Box 463, Columbia, MO 65205, or e-mailed: kristen@riverrelief.org

If you can't find what you are looking for, please visit our information packet on the webpage.

Kristen Schulte

Kristen Schulte, Education Coordinator
Missouri River Relief
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Integrating the Missouri River in Your Classroom

PARTICIPANT MEDICAL INFORMATION

All information on this form must be complete, including signatures, prior to participation.

General Participant Information

This information will be shared only with Missouri River Relief (MRR) personnel, consulting and treating medical personnel and other individuals working with MRR. Otherwise, the information will remain confidential.

Name _____ Gender Identity _____ Date of Birth _____ Shirt Size _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone _____ E-mail Address _____

School/Organization/Agency Name _____ Position _____

In case of emergency, what relative, neighbor or friend should be called?

Name _____ Relationship _____ Phone _____

INSURANCE: The following is optional, but each participant is responsible for her/his own medical expenses.

Medical Insurance Company Name _____

Insurance Co. Phone _____ Policy Number _____

Physician _____ Phone _____

Significant Medical History/Pre-Existing Conditions: Please list your medical history and any pre-existing medical conditions that may be affected by participation in daily activities at The Missouri River: A Catalyst for Learning.

Date(s)	Condition	Implications/Accommodations

Participant Medical History

Activities such as sports or outdoor pursuits can be strenuous depending on a participant's physical condition. The following information is important and will help us prevent medical problems before they occur.

Please explain any Yes answers on lines provided to right. Attach additional sheet(s) if necessary.

2. Are you currently taking any medication? YES NO 2. _____

If yes, what type/dosage? _____

What is the medication specifically for? _____

3. Any allergies to foods, medications, environment? YES NO 3. _____

If yes, please describe the allergic reaction in detail. _____

4. Any food/dietary restrictions? YES NO 4. _____

5. Have you ever been stung by a bee? YES NO 5. _____

If yes, please describe the allergic reaction _____

Participants Medical Authorization

I authorize Missouri River Relief (MRR) staff or other medical personnel to obtain or provide medical care for me, to transport me to a medical facility and to secure treatment (including but not limited to routine or emergency health care, hospitalization, injection, anesthesia or surgery) they consider necessary for my health. I agree to pay all costs associated with that care and transportation and agree to the release (to or by MRR) of any medical records necessary for treatment, referral, billing or insurance purposes.

Participants Signature _____ **Print Name** _____ **Date** _____



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GENERAL RISK RELEASE FORM

Missouri River Relief: Acknowledgment And Assumption Of Risks & Release And Indemnity Agreement

INTRODUCTION

Please read this entire Acknowledgment and Assumption of Risks & Release and Indemnity Agreement (hereafter 'Document') carefully before signing. In consideration of the services of Missouri River Relief and its officers, directors, employees, representatives, agents, volunteers, independent contractors and all other persons or entities associated with it (collectively referred to in this Document as 'MRR'), I acknowledge and agree as follows:

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

MRR educational and/or river clean up and recreation activities on or off the river (which may be scheduled or unscheduled, supervised or unsupervised or occur during free time), including those offered through the variety of MRR programs, may include, but are not limited to: hiking; motor boating; canoeing; swimming; fishing; river clean ups; research projects; wildlife and nature observation and travel in vans, buses and other vehicles (collectively referred to in this Document as 'activities'). I acknowledge that the inherent and other risks, hazards and dangers of these activities can cause injury, property damage, illness, mental or emotional trauma, paralysis, disability or death to participant or others. Some, but not all of these risks include travel in wilderness terrain; unpredictable and hazardous ground, water or weather conditions, including uneven terrain and extreme air or water temperatures; exposure to burns or sunburns; misjudgments made by MRR staff, contractors or others; close and unpredictable contact with wildlife; allergic reactions or injury from plants or stinging, venomous or disease carrying animals or insects; the potential that the participant or others (e.g. co-participant, driver, medical or rescue personnel) may act carelessly or recklessly; personal health risks (disclosed or undisclosed, known or unknown) and equipment that can be misused or can fail or malfunction. I understand that MRR staff members or contractors cannot assure my safety or eliminate any of these risks. During both supervised and unsupervised activities, all participants share in the responsibility for their own safety and agree to follow all MRR rules and policies. Participant is voluntarily participating with knowledge of the risks. Therefore, participant assumes and accepts full responsibility for the inherent and other risks (both known and unknown) of these activities and for any injury, damage, death or other loss suffered by the participant, resulting from those risks and/or resulting from participant's negligence or other misconduct.

RELEASE AND INDEMNITY AGREEMENT

Please read carefully. This Release and Indemnity Agreement contains a surrender of certain legal rights. Certain public land agencies (including the Missouri Department of Conservation, Missouri Department of Natural Resources, U.S. Corps of Engineers, and the U.S. Fish & Wildlife Service) restrict service providers, including MRR, from seeking releases of liability for negligence, for injuries or other losses occurring while operating under permit on those public lands. Therefore, except to the extent a court determines these federal restrictions are enforceable against MRR as a matter of law, I agree as follows: 1) to release and agree not to sue MRR with respect to any and all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter collectively 'claim' or 'claim/s') for any injury, damage, death or other loss in any way connected with my enrollment or participation in these activities or use of MRR equipment, facilities or premises. I understand that in signing this Document, I, and anyone acting on my behalf, surrender all rights to make a claim against MRR as a result of any injury, damage, death or other loss suffered by me; 2) to defend and indemnify ('indemnify' meaning protect by reimbursement or payment) MRR with respect to any and all claim/s brought by or on behalf of me, my spouse or other family member, a co-participant or any other person for any injury, damage, death or other loss in any way connected with my enrollment or participation in these activities or use of MRR equipment, facilities or premises. This Release and Indemnity Agreement includes claim/s resulting from MRR's negligence (but not its willful or wanton misconduct), and includes claim/s for personal injury or wrongful death (including claim/s related to emergency or medical response, assessment or treatment), property damage, breach of contract or any other claim.

CONCLUSION

I agree that Missouri substantive law (without regard to its 'conflict of laws' rules) govern this Document, any dispute I have with MRR and all other aspects of my relationship with MRR and that any mediation, suit or other proceeding must be filed or entered into only in Boone County, Missouri. I agree to attempt to settle any dispute (that cannot be settled by discussion) through mediation before a mutually acceptable Missouri mediator. I authorize MRR staff, representatives, contractors or other medical personnel to obtain or provide medical care for the participant, to transport participant to a medical facility and to provide treatment they consider necessary for participant's health. I agree to pay all costs associated with that care and transportation. I agree to the release (to or by MRR) of any medical records necessary for treatment, referral, billing or insurance purposes. I authorize MRR to use my photo or image in any manner for advertising, display, audiovisual, electronic or other use. This Document is intended to be interpreted and enforced to the fullest extent allowed by law. If any portion of this Document is deemed unlawful or unenforceable it shall not affect the remaining provisions, and those remaining provisions shall continue in full force and effect. Participant agrees: I have carefully read, understand and voluntarily sign this Document, and acknowledge that it shall be effective and binding upon me, my minor children, spouse and other family members and my heirs, executors, representatives, and estate.

Participants Signature _____ Print Name _____ Date _____