LIABILITY AGREEMENT, EMERGENCY CONTACT INFORMATION, INSURANCE INFORMATION, AND MEDICAL INFORMATION AND AUTHORIZATION FORM

I, ______________________ (print name of participant), a participant in the Bear Tracks Program at Beckett Chimney Corners YMCA (hereinafter “Bear Tracks Program”), being of sound mind and body, know, understand, and voluntarily assume all risks inherent in the scope of participating in Bear Tracks Program. In assuming said risks, I am aware that activities during this program may include, but aren’t limited to, engaging in a camp style environment that involves walking over uneven terrain, night time foot travel, unpredictable weather and increased physical activity. Such activity may rock climbing and rafting. The level of participation in the Bear Tracks Program is at all times completely up to the individual’s choice. I also assume all risks inherent in any social/recreational activities I choose to engage in during this program both on campus and off campus.

I, for myself and my personal representatives, heirs, and assigns, do hereby hold harmless and release, waive, and forever discharge Western New England University, its successors, assigns, and other legal representatives, and its trustees, officers, employees, agents and/or servants from any and all liability, damages, claims, or causes of action arising out of my participation in the first year student Bear Tracks program. Please initial here to indicate that you have read and fully understand the preceding paragraphs: _____.

Signature of Participant  Date

Persons under the age of 18 are also required to obtain a signature from their parent or guardian:

Printed Name of Parent/Guardian  Signature of Parent/Guardian  Date

Emergency Contact Information
In the event of an emergency, every effort will be made to contact the following individual(s):
Name: ___________________  Relationship: ___________________
Home Phone: _______________  Work ___________________  Cell _______________
Alternative names, relations, and phone numbers:
__________________________________________________________________________

Name and phone number of primary care physician:
__________________________________________________________________________

Insurance Coverage:
Western New England University requires that all student have appropriate accident and medical insurance coverage. It is your responsibility to provide for medical insurance and to pay any deductible expenses or any other medical expenses that are not covered by the insurance. Please initial here to indicate that you have read and fully understand this paragraph: _____.

Insurance Company__________________________  Policy Number ___________________
Group Number __________________  Name of Insured ____________________________
Insurance phone number/contact name ____________________________________________

Emergency Authorization:
During the Bear Tracks Program, emergencies may develop at any time, and these emergencies may necessitate medical care, hospitalization, blood transfusions or surgery. If possible, a Western New England University representative or agent will contact parents, guardians or personal physicians prior to such treatment. However, such contact may not be possible, depending on the nature of the emergency. Therefore, by initialing here, you authorize Western New England University, through the Office of First Year Students & Students in Transition, or its representatives or agents, to secure medical treatment, including anesthesia and surgery if needed. Payments for any medical serviced is solely your responsibility and you are responsible for reimbursing Western New England University or its agents for
any expenses, which are incurred on account of any treatment for personal injuries. Please initial here to indicate that you have read and fully understand this paragraph:_____.

Medical History:
The following information is confidential and will be used only for aiding College personnel and emergency personnel in providing appropriate medical care in the event of an emergency.

Are you allergic to any medications or food?____________________________________________________

If yes, what medication or food?____________________________________________________________________

Are you currently taking any medication?___________________________________________________________

If yes, please list medications:______________________________________________________________________

Please describe any condition for which you are currently being treated:
______________________________________________________________________________________________

Do you have any history of the following conditions: If yes, please provide relevant information:

Asthma or wheezing with breathing or wheezing exercise?

Epilepsy, seizures, convulsions or take medication to prevent them?

Frequent or severe attacks of hay fever or allergies?

History of heart disease or diabetes?

History of surgery?

Other relevant medical information?

The information I have provided about my medical history is accurate to the best of my knowledge.
______________________________________________________________________________________________

Signature Date

Signature of Parent/ Guardian if under 18 years of age Date

Drug & Alcohol Policy
The Bear Tracks Program endorses a drug and alcohol free philosophy. This prohibits alcohol consumption or illegal or irresponsible drug use by anyone, regardless of age, participating in this program. Any participant who does not adhere to this policy will be asked to leave the program and return to his/her place of residence. Support of this policy by all involved is essential for a safe and socially aware experience.

Your signature below indicates that you have read and agree to the terms set forth in this Drug and Alcohol Policy:
______________________________________________________________________________________________

Signature Date