Friday Afternoon Surf Session

DATE:  Sun. May 10
TIME:  11AM-3PM
MEETING LOCATION:  Lot H, Behind New Hampshire Hall

General Info:  We’ll be heading to Hampton Beach for a 2-hour beginner lesson with Cinnamon Rainbows Surf Shop.  In the event of poor wave conditions, we’ll go stand-up paddleboarding.

Clothing and Equipment:  Please bring a bathing suit, towel, sunscreen and warm layers for afterward.  Wetsuits and all equipment will be provided.

Don’t forget water and plenty of snacks!

Instructions for completing the following paperwork:

Please complete the following Medical Information form and Liability Waiver.  Once completed, please drop them off at the Rec. Center Front Desk.  Please submit your completed forms as soon as possible.

Please send any questions to this email also.

Thanks for joining us for an adventure!
MEDICAL INFORMATION FORM

Outdoor Adventures ♦ University of New Hampshire Department of Campus Recreation
128 Main St. Durham, NH 03824 ♦ 603-862-1577 ♦ campusrec.unh.edu/outdoor

This medical form provides us with information required for course management and emergency situations. By requesting this medical history, we do not imply that we have the expertise to assess your physical condition, or your ability to participate safely in this program. If you have any doubts about your ability to participate in this program, please consult with your physician. Please complete fully so that instructors can adjust program activities as needed to meet your needs and manage your participation and the participation of others. This information is confidential and will be shared only as needed with trip leaders, instructors and medical care providers.

### Participant Information (required)

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<th>Name:</th>
<th>Phone #:</th>
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<tr>
<td>Address:</td>
<td>Date of Birth:</td>
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### Emergency Contact Information (required)

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<th>Name:</th>
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<td>Address:</td>
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### Medical Insurance Coverage (required)

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<th>Provider:</th>
<th>Policy #:</th>
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### Personal Physician

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<th>Name:</th>
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### Allergies: Do you have any allergies (e.g., bees, drugs, foods, etc.)? Describe the nature of your allergic reactions.

### Dietary Needs (only for trips where food is provided):

### Chronic Illnesses: List any (e.g. diabetes, asthma, etc.) and suggest any helpful activity modifications.

### Physical Condition/Ability: List any physical or ability considerations and suggestion any helpful activity modifications.

### Medications: Are you taking any medications? If so, what are they? What are they for?

### Injuries: List any injuries (e.g., dislocations, sprains, etc.), indicate severity, and identify when they occurred. Have you fully recovered from this injury?

### Physician: Are you currently being treated by a physician (or have been in the past year)? Have you been hospitalized within the past year? If so, please explain.

### Concerns: Do you have any special needs or concerns about your access to or participation in this program that you would like the Outdoor Adventures staff to be aware of?

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I have reviewed this entire form and have verified that that all information is given fully and truthfully. To the best of my knowledge, I am physically fit and able to safely participate in this program. I hereby consent for myself or the child/minor of whom I am guardian to receive medical treatment, if an illness/injury is incurred while participating in the aforementioned activities.

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<th>Participant's Signature</th>
<th>Participant's Name (printed clearly)</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Parent/Legal Guardian’s Signature (if participant is under 18 years old)</td>
<td>Parent/Legal Guardian Name (printed clearly)</td>
<td>Date</td>
</tr>
</tbody>
</table>
THIS IS A LEGALLY BINDING AGREEMENT. PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY.

By signing this agreement you are releasing and waiving potentially valuable legal claims and giving up your right to bring any form of action, legal or otherwise, to recover compensation or obtain any other remedy for bodily injury to yourself or damage to your property or for your death however caused arising out of your participation in the UNH Outdoor Adventures activity identified below, now or any time in the future.

This is to certify that I ____________________________, am fully aware that certain risks and dangers may exist during the ____________________________ activity offered by the Outdoor Adventures program of the University of New Hampshire. I realize and acknowledge that these include but are not limited to risks and dangers of motor vehicle travel, exposure to the forces of nature, varying weather conditions such as severe heat and cold, exposure to insect-borne illnesses, travel in mountainous terrain, water-based travel with changing water levels and current, foot entrapments, other recreational traffic, and possible accident or illness in places remote from any medical facilities. I also understand Outdoor Adventures programs leaders do not necessarily carry radios or cell phones, and during this program we may travel in areas where these devices do not work reliably or at all.

I agree and acknowledge that my participation in this Outdoor Adventures program is entirely voluntary. I hereby assume all risk of bodily injury, death, and damage to my property during the course of the said activities. I do, for myself and if applicable the minor named below, agree that in no case will I present or prosecute against the University of New Hampshire, any of its trustees, officers, agents, employees, or specific site owners who may be working in conjunction with the University, any action, legal or otherwise, seeking to obtain compensation for bodily injury, death or property damage suffered by me or done to my property arising out of my participation in and/or presence at the aforementioned activities and travel to and from sites. Whether the same be occasioned by the negligence or other fault by the Outdoor Adventure Program or any and all others who are involved, I do agree further for myself and/or my spouse, and son/daughter/minor, to hold the University of New Hampshire, its trustees, officers, agents, employees, and affiliates, free and harmless from and against any and all claims, by whomsoever made or presented, for damages or compensation from any and every such bodily injury, death, or property damage suffered by me including but not limited to superficial injuries, sprains, fractures, paralysis, or death. I hereby certify, represent, and warrant that I am at least 18 years of age and fully competent to execute this agreement and bind myself to each and every one of the terms and conditions set forth herein.

I have read and fully understand the above acknowledgment of risk, release / indemnification and covenant not to sue. I have signed this document of my own free will, and agree to the terms outlined herein.

Participant’s Signature ____________________________  Participant’s Name (printed clearly) ____________________________  Participant’s Email ____________________________

Participant’s Date of Birth ____________________________  Participant’s Age ____________________________  Program Date(s) ____________________________

Parent/Legal Guardian Signature (if participant is under 18 years old) ____________________________  Parent/Legal Guardian Name (printed clearly) ____________________________  Today’s Date ____________________________