

Blackthorn-USA



PLEASE NOTE: Because of the ever-changing nature of medical and other requested information, we require that a **new** form be completed for each course you attend.

Course Registration Form for Adults

Course Name: _____ Course Date: _____

Student's Name: _____ Age _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone (home): _____ (work): _____ (cell): _____

Male Female E-mail _____

How did you learn about Blackthorn-USA?

Previous courses attended with us, other schools, or relevant experience:

PHOTO/VIDEO RELEASE:

By signing below I hereby grant free permission for Blackthorn-USA to use still or motion picture images of myself participating in their courses or events for outreach purposes, including but not limited to electronic or print materials, or print or broadcast media. No, I do not wish to grant a photo release.

Note (Please consider granting this release to us if at all possible, as our ability to successfully share our courses with new participants depends on having representative photographs and video.)

Please **do not** add me to the Blackthorn-USA mailing list: (Your info will never be shared or sold.)

EMERGENCY CONTACT INFORMATION:

Contact name: _____ Relationship: _____

Phone (home): _____ (work): _____ (cell): _____

Address: _____

MEDICAL CONDITIONS:

If you have any personal medical condition or problem that Blackthorn-USA should be aware of, it is your responsibility to acquaint us with the existing condition both in this form as well as at registration for the course. The information will be held in confidence and used only to render proper assistance should the need arise.

1. Do you wear: contact lenses/glasses? _____ or hearing aid? _____

2. Do you have asthma? _____ If so, do you have medication? (specify): _____

3. Do you have a heart condition or activity restrictions? _____ If so, please describe your limitations, medication (if any) and history:

4. Do you have any physical disabilities or limitations that could become a problem on this course? _____
If so, please describe the disability, limitation and history:

5. Are you currently under the care of a medical professional? _____ If yes, please explain.

6. Are you currently on any medication? _____ If so, please list the specific medication, condition prescribed for and any known negative drug interactions:

7. Is there any other condition that we should be aware of that may endanger, alter, or somehow limit your abilities to participate in our courses? _____ Please describe in detail:

8. Do you have any allergies? _____ If so, please give specific reaction to each, degree of sensitivity (10 being deathly allergic and 1 being mildly) and specific allergen:

1.) Medication (i.e. penicillin, aspirin):

2.) Insect bites (i.e. wasps, bees):

3.) Foods (i.e. peanuts, chocolate):

4.) Plants:

5.) Other:

Do you use medication for allergic reactions? _____ If so, what do you use? _____

Note: (We do request that if you do have anaphylactic allergic reactions that you bring medication to counter it appropriately - i.e. EpiPen or AnaKit).

9. If the course you are registering for includes meals, are you Vegan? _____ Vegetarian? _____ Or other dietary concerns we should know about? _____.

Date of last tetanus booster: _____

In the event of a medical emergency is there any additional medical history or problems we should be aware of?

INSURANCE INFORMATION: (If you have no insurance please check here)

Name of Health Insurance Carrier: _____

Contact information: _____ Phone: _____

Group #: _____

Plan Number #: _____

Primary Physician: _____ Phone: _____

You must complete this form prior to participating in any Blackthorn-USA courses.

YOUR NAME _____ DATE _____
(Please Print)

We will contact you to confirm we have received this registration form.

Please Send My Confirmation by Postal Mail e-Mail

(Check one of the above)

Blackthorn-USA

16010 Tuttle Creek Blvd. Randolph, KS. 66554



**RELEASE, INDEMNIFICATION AND WAIVER FORM:
Please read carefully and initial each paragraph.**

In all courses, events and excursions conducted by Blackthorn-USA reasonable care is taken to prevent serious injuries and minimize accidents. Blackthorn-USA courses deal with wilderness skills, activities and areas. By their designation as wilderness areas, these locations cannot be guaranteed as safe, nor can their naturally changing conditions be predicted at any point in time. These dangers cannot be eliminated without eliminating the wilderness itself.

IN CONSIDERATION of being permitted to participate in any way in the classes, course and activities offered by Blackthorn-USA , I acknowledge and agree that:

_____ I am fully aware that Blackthorn-USA courses, even under the safest conditions possible, may be dangerous, and I hereby agree to knowingly and voluntarily accept full responsibility and assume all risks. These risks include, but are not limited to insect and animal bites and stings, forces of nature such as but not limited to lightning, and unexpected extreme weather conditions, acts of God, and any hazard present in the wilderness, such as but not limited to low lying branches, sharp objects, and slippery surfaces.

_____ I further acknowledge that I have been advised and fully understand that certain elements of danger are inherent in the activities sponsored by Blackthorn-USA which are beyond the control of the officers, instructors, agents, volunteers, and employees ("Releasees") of Blackthorn-USA, and that participation in any course activities may entail unavoidable risk of personal injury, death, and loss of or damage to property.

_____ I knowingly, voluntarily, and irrevocably waive any and all claims, of any sort whatsoever, arising from my participation in or observation of, any Blackthorn-USA courses. I certify that I am physically able to participate in the said Blackthorn-USA courses despite the rigors and dangers inherent in such an undertaking.

_____ I agree to indemnify, hold harmless Blackthorn-USA, its officers, instructors, agents, volunteers and employees from and against all claims arising from any occurrence causing damage or injury to any party participating in said event or any third parties injured as a result of my actions.

_____ I further agree to repair or reimburse Blackthorn-USA for any and all damages that I cause to Blackthorn-USA property or the property at which a specific activity is held.

_____ I, for myself and my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS FROM LIABILITY Blackthorn-USA, the instructors, agents, employees, as well any volunteers, and the host of Blackthorn-USA courses, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.

_____ I understand and agree that this RELEASE, INDEMNIFICATION AND WAIVER covers each and every Blackthorn-USA activity and event in which I participate hereafter.

Prior to signing below, I have read and understand the terms and conditions of this Release, Indemnification, and Waiver. I understand by signing below I am waiving substantial legal rights I may have against the Releasees, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
PARTICIPANT'S SIGNATURE DATE

X _____
PARTICIPANTS PRINT NAME

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