



River Ridge Environmental Education Program and The John Knox Center ADULT Medical Release Form

All fields must be completed for participation



NAME OF GROUP/SCHOOL: _____

_____ Male Female
Last Name First Name Middle Initial Age

Date of Birth (MM/DD/YYYY) Height Weight

_____ (_____) _____
Home Address Home Phone Number

City State Zip Code

Emergency Contact Person _____
Relationship to You _____
Mailing Address (if differs from above) _____
Home Phone (_____) _____ Work Phone (_____) _____ Cell (_____) _____


Name of Your Insurance Company _____
Policy Number _____ Phone Number (_____) _____

Allergies & Intolerances: Please list all of your medications (to medications, insects, food, etc) and explain:

Prescription Medications: List all medications you are currently taking and explain:

Medical and Behavioral Conditions: Please include all conditions such as diabetes, heart conditions, asthma, ADD, EBD, etc. Also include treatments such as casts, pacemakers, etc. applicable at the time you will be at The John Knox Center and River Ridge EEP.

Activity Level: Are you able to participate in strenuous activities? _____ Yes _____ No Explain:

Please Read Authorization & Release Statement on Back 

X _____ Date
Signature

NOTE: Failure to sign this form will prohibit you from participating in all River Ridge EEP and John Knox Center activities. River Ridge EE Program and the John Knox Center is accredited by the American Camp Association. All medical information is kept confidential and all medical forms are kept for a period of two years. You are invited to request more information about River Ridge EEP and John Knox Center Programs, facilities and policies at any time.

_____ Yes, I would like to receive periodic updates about River Ridge EEP and the John Knox Center events and programs.
Email Address: _____
_____ No, I do not wish to receive any information about River Ridge EEP and the John Knox Center.
_____ I deny River Ridge EEP and the John Knox Center permission to take pictures of me.

MEDICAL AUTHORIZATION AND RELEASE STATEMENT

Agreement, Indemnification, and Assumption of Risk

The John Knox Center and River Ridge Insurance Coverage:

The John Knox Center and the River Ridge Environmental Education Program covers every person who attends our programming under a secondary insurance policy with National Casualty Company. Please read the following policy.

Medical Expense Benefits:

If as a result of injury or sickness, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury or the date the sickness begins, we will pay, up to the maximum benefit, all covered expenses incurred within 3 years from such dates. Maximum benefit is \$5000 for accidents and \$1,500 for sickness. Covered expenses mean the reasonable and customary charges for local professional ambulance service to or from a hospital and/or surgery center as well as the following reasonable and customary charges for treatment, services, supplies provided or prescribed by a doctor:

1. hospital or surgical center care
2. medical treatment (including a second opinion)
3. nursing care provided by licensed nurse
4. X-rays and lab exams
5. prescription drugs and therapeutic services and supplies
6. dental treatment as a result of injury to sound, natural teeth
7. The following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement: (a) physical, occupational, respiratory, and speech therapy, (b) the services of a home health aid, and (c) medical supplies

Specific Loss

If, as a result of injury, an insured suffers a specific (total, permanent, and irrecoverable) loss within one year from the date of the accident causing the injury, we will pay, subject to the overall maximum of \$5000 for any each accident, a benefit based on the face amount which applies to the insured as specified below. (50,000 overall maximum.)

For the loss of each arm or each leg - 75% of the face amount

For the loss of each hand, foot, or eye, or for the loss of speech - 50% of the face amount

For the loss of hearing of each ear or thumb and index finger of the same hand - 25% of the face amount

Accidental Death

Death - if as a result of injury, an insured dies within one year from the date of the accident causing the injury, we will pay, subject to the overall maximum for any one accident, a death benefit of \$5000 which applies less any specific loss benefit paid because of the same accident.

This policy does not cover the following:

We will not pay benefits for, covered expenses to the extent they are collectible under:

1. another insurance contract or prepayment plan
2. a trusted, union, employer, or employee benefit plan
3. Worker's Compensation (or a similar occupational law) or
4. a government plan (except Medicaid and other public assistance plans), including one set forth by statute (such as Medicare).

By signing the front of this form, I agree to the following.....

I acknowledge that my participation in individual and group initiatives, problem solving exercises, and personal growth and development training activities entails known and unanticipated risks that could result in physical or emotional injury, or death to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

I also agree to comply with River Ridge EEP/John Knox Center rules and policies and to cooperate with River Ridge EEP/John Knox Center personnel. I understand and agree that if I fail to comply with the rules and policies, I may be expelled from River Ridge EEP and the John Knox Center and sent home at my expense.

I hereby wish to participate in River Ridge EEP/John Knox Center activities and further agree to the terms herein contained. I agree to indemnify and hold harmless River Ridge Environmental Education Program and the John Knox Center (hereinafter collectively referred to as RREEP/JKC) from any and all claims, demands, or causes of action which are brought by myself and/or on behalf of myself against RREEP/JKC, and which are in any way connected with such use or participation. In the event that I file a lawsuit against RREEP/JKC, I agree to do so solely in the state of Tennessee, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I hereby represent that I am in good health, that I have identified all medical conditions associated with myself, and that I have adequately informed RREEP/JKC personnel of any special instructions regarding my participation. I certify that I have adequate insurance to cover any injury or damage that I may suffer while participating, or else I agree to bear the costs of such injury and damage myself.

I authorize RREEP/JKC personnel to call for medical care or to transport me to a medical facility or hospital if, in the opinion of such personnel, I need medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for my health, in their professional opinion. I agree that once I am in the care of medical personnel or a medical facility, RREEP/JKC shall have no further responsibility for the situation and I agree to pay all costs associated with such medical care and transportation.