

# HEALTH INFORMATION FORM

*Must be completed before you board the bus*

*We do not share this information unless there is a medical emergency and then we would only provide it to the medical personnel. This form will be shredded after the trip. This information is given voluntarily.*

## One Form Per Person

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Check any that apply: ☐ Have had open heart surgery ☐ Pacemaker ☐ Seizures ☐ Diabetes ☐ On Portable Oxygen

☐ Have trouble walking ☐ Have a "No Resuscitate form signed with my Power of Attorney health care directive \_\_\_\_\_ (initial)

*Please list on the back any important information we should know in case of emergency.*

## Emergency Contact Information:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

*List Medications you will have with you on the trip and when they are taken:*

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

For additional medication please use the reverse side of this paper to list.

## **WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISKS**

*Please read this form carefully and be aware that: (1) by your entry onto the Shuttle/Bus directed by John or Judy Heide; or (2) by your participation in any activities during the trip (November 18-23, 2019) with, John or Judy Heide, or their agents or licensees, you will be waiving and releasing any and all claims for injury, temporary or permanent disability, and death that you might reasonably or unreasonably sustain while traveling to and or participating in the program or activities.*

This **Waiver, Release of Liability, and Assumption of Risk** (the “**Waiver**”) is executed on behalf of \_\_\_\_\_ (print your name) (“**Participant**”) in favor of John or Judy Heide, and their respective heirs, executors, or personal representatives or members of their family (each, a “**Released Party**” and collectively the “**Released Parties**”). Participant acknowledges and understands that there can be extreme dangers, hazards, and inherent risks associated with traveling on the interstates of the United States (collectively, but without limitation to the stated actions or characteristics, the “**Covered Actions**”). Participant may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death. The dangers, hazards and risks may arise from Participant’s own actions, inactions, or negligence as well as from the actions, inactions or negligence of others. Participant also acknowledges and understands that there may be other dangers, hazards or risks not presently known or reasonably foreseeable.

In consideration of the right to participate in the Covered Activities, Participant agrees to assume all dangers, hazards and risks arising from or in any way affiliated with Participant’s participation in the Covered Activities and Participant’s presence on the Shuttle/Bus, as a participant in the Covered Activities or otherwise. Participant hereby forever waives and releases the Released Parties, from any and all present and future claims that Participant, or assignees, heirs, distributees, guardians, spouse, and/or legal representatives may have, now or in the future, resulting from (i) Participant’s participation in the Covered Activities and Participant’s presence on the Shuttle/Bus as a participant in the Covered Activities or in any other capacity, and (ii) the negligence or other acts or omissions however caused by any Released Party relating to the Covered Activities, including, but not limited to, any loss of property, injury, disability, or death sustained by Participant while on the Shuttle/Bus or during participation in the Covered Activities.

Participant assumes all the foregoing risks and accepts personal responsibility for any damages and/or loss resulting from any loss of property, injury, disability or death resulting from Participant’s participation in the Covered Activities or through Participant’s presence on the Shuttle/Bus. Participant further agrees to indemnify and hold harmless the Released Parties for any and all claims arising from Participant’s involvement in any activities at the Covered Activities, and Participant’s use of the Shuttle/Bus.

**GOVERNING LAW/VENUE.** All questions concerning the construction, validity, and interpretation of this Agreement or the rights and obligations of the Parties arising under or relating in any way to this Agreement or the subject matter hereof will be governed by the laws of the State of Arkansas without regard to the conflict of laws provisions thereof. Venue for any legal claim or lawsuit will be in Pulaski County, Arkansas, and each Party irrevocably and unconditionally submits to the exclusive jurisdiction of the courts in Pulaski County, Arkansas

**BY THE SIGNATURE BELOW, PARTICIPANT ACKNOWLEDGES HE OR SHE HAS READ AND FULLY UNDERSTANDS THE ABOVE WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISKS AND FULLY UNDERSTANDS THAT THIS IS A CONTRACT BETWEEN PARTICIPANT**

**AND THE RELEASED PARTIES. PARTICIPANT VERIFIES THAT HE OR SHE UNDERSTANDS THE DANGERS OF INTERSTATE TRAVEL AND THE SIGNIFICANCE OF THIS INSTRUMENT. PARTICIPANT UNDERSTANDS THAT HE OR SHE WILL RELEASE SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISKS AND HE OR SHE IS SIGNING IT FREELY AND VOLUNTARILY.**

*I do hereby state that I am in good physical health to go on this bus trip, November 19-22, 2019. While on the bus trip, if for some reason myself, or my spouse cannot make medical decisions for ourselves, my signature authorizes tour hosts John or Judy Heide (in consultation with family members who are identified below) and in conjunction with a medical team, to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care to be rendered in the general or special supervision on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I waive and release tour hosts John and Judy Heide from all claims or liabilities for personal injury or damages of any kind, which arise out of or relate to my traveling during, or, to and from this trip.*

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Printed Name \_\_\_\_\_