

I.D. Retreats Registration and Authorization Forms
ADULT: 18+
HEALTH INFORMATION

Note that this information will be kept confidential and will only be shared if you are incapable of communicating and are in need of medical care.

Indicate the date of your last tetanus shot: _____

Are you currently seeing a doctor or taking medications? If so, please state the reason and list medications by name, dosage, and frequency.

Please list any past or present health/ physical/ emotional conditions that would be helpful for us to know or could play into your ability to participate in activities:

Please list/explain any known allergies or sensitivities, including special dietary needs:

Into the Deep does its best to tailor the menu to your needs, but it can be of great help to pack some of your favorite substitution foods like protein bars, allergen free treats, etc. ***Please discuss the menu and all personal food items with us in advance as well as at check-in for proper storage.*** Never bring food into a tent or leave in a personal backpack.

Please check if you have ever suffered from any of the following. Please explain all that are checked.

Asthma: _____

Needs an inhaler? _____

Allergic to Insect Bites/Stings: _____

Carries an EpiPen? _____

Epilepsy: _____

HIV/AIDS: _____

Hypothermia: _____

Frostbite: _____

High Blood Pressure: _____

AMS-(Altitude Sickness): _____

Back Problems: _____

Recent Injuries: _____

Diabetes: (treated with diet or insulin?) _____

Heart Problems: _____

Have you had a surgery, medical condition, injury or illness not listed above? _____

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CONSENT AND RELEASE
ADULT: 18+

In consideration of your participation in an **I.D. Retreat** (hosted by **Into the Deep**) and the services provided to you by **Into the Deep** staff and volunteers, *please initial the following*:

☐ I certify that the information above is current, accurate and complete to the best of my knowledge and that **Into the Deep** may use the above information to represent my medical needs to a doctor in the event of an emergency.

☐ I acknowledge that **I.D. Retreat** activities may be rigorous and may be in areas that are remote (please consult retreat information or contact **Into the Deep** for particular details on each retreat). I understand that there are inherent physical risks involved with outdoor activities, participants who are more or less experienced, interactions with animals, plants or insects, forces of nature/weather, and limited access to medical help or rescue services.

☐ In the event of a medical emergency or an incident requiring medical attention (as reasonably determined by **Into the Deep** staff, medically trained volunteers, or a medical services provider), I hereby consent to the administration of first aid, the transfer of myself to a medical facility, and/or the administration of emergency treatment deemed necessary or proper by such facility.

☐ I understand that, in the event of an emergency, **Into the Deep** will make every reasonable effort to contact someone at the telephone number(s) listed above but that the location of retreat activities may inhibit our ability to make phone calls.

☐ I understand that I am responsible for any insurance coverage and medical expenses incurred during the provision of services by **Into the Deep**. Information relating to this coverage is included above, and I agree to provide a copy of the insurance card if I have such coverage.

☐ I understand that I must assume all responsibility and transportation costs should it be necessary for me to return home due to medical reasons, inappropriate/illegal behavior, or otherwise.

☐ I understand that participants will be transported by a person aged 21 years or older in a rented 12 or 15 passenger van. Drivers will have had driver background checks performed.

☐ I acknowledge and agree that **Into the Deep** is not responsible for lost, stolen, or damaged personal possessions.

☐ *(optional)* I grant permission for my photograph or video to be taken while participating in retreat activities and for my image to be used to promote **Into the Deep** and **I.D. Retreats**. Publicity pieces include (but are not limited to) news releases, newspaper and journal articles, or promotional articles and videos, whether in printed form or posted on a related website. I also give **Into the Deep** permission to use my first name and state of residence in connection with the use of any such image.

SIGNATURE

I hereby release, absolve, indemnify, and agree to hold harmless **Into the Deep**, its agents, employees, officers, board members, leaders, volunteers, organizers, cooperating priests, sponsors, partner organizations, or organizations who provide services to the retreats. Neither **Into the Deep**, nor any of the said persons shall be held responsible for any injury, illness, or death incurred as a direct or indirect result of this activity.

- I, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.
- Your signature below certifies that the initialed spaces above are a true representation of your understanding of this retreat and its conditions.
- Your signature also gives your medical consent and release to **Into the Deep**, as stated above.

Signature of Participant: _____

Print Name: _____

Date: _____