

Skagit Nature Rx

Informed Consent & Release



I acknowledge that I have chosen to participate in a program which includes low to moderate intensity walking, light stretching, and gentle movement. I further understand that complications may arise during exercise. While these complications are rare, they may include abnormal blood pressure, chest discomfort, heart attack, as well as bone, muscle, and joint injury.

In the case of an emergency, The Skagit Nature Rx program has trained staff to deal with an urgent situation. I understand that the outcome in an emergency situation cannot be guaranteed if one should occur.

It is my job to report:

- Chest pains while at rest and/or during exertion
- Dizziness or unusual fatigue
- Diabetes (symptoms of low or high blood sugar)
- Any unusual symptoms before, during, or after exercise

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above-mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program.

I have read and understand this waiver and the assumption of risk. I understand the risk involved with exercise and I desire to participate in Skagit Nature Rx and assume personal responsibility for my health and safety while participating in this program. I further release United General District 304 from any health problems or injuries that may occur as a result of my participation in this program.

In signing my name below, I have given my consent and release as described above. I voluntarily consent to taking part in the Skagit Nature Rx program and I understand that I may withdraw from the program at any time.

Name (Please Print): _____

Signature: _____

Date: _____

Allergies

Do you or a child accompanying you have any allergies? (*Examples include bee stings, peanuts, tree nuts, etc...*) (Circle one)

YES NO

If yes, please fill out the following:

Name of attendee(s): _____

Allergic to:

Do you carry an epi-pen or other treatment? (Circle one)

YES NO

Emergency Contact Information

Name: _____

Relationship: _____

Phone number: _____