

The Aloha Foundation, Inc.  
**HULBERT OUTDOOR CENTER**



**Participant Name:** \_\_\_\_\_ **School/Organization:** \_\_\_\_\_  
(Please Print)

This **Liability Waiver and Assumption of Risk and Responsibility Form** must be signed with no additions, deletions or changes in order for you/your child to take part in this Hulbert Outdoor Center program. A great deal of effort has gone into the planning and preparation of this program in order to ensure that your experience/your child's experience is enjoyable, rewarding and safe. If you have questions or concerns of any kind please contact the program director prior to signing this form.

Hulbert Outdoor Center's programs may involve physical activity such as, but not limited to: group games and initiatives, high ropes courses that may be 40 feet high or more, mountain hikes, outdoor cooking using stoves or open fires, canoeing and other outdoor activities. Participants are never forced or coerced into participating beyond a level, appropriate to their physical or emotional safety. Participants choose the ways in which they will contribute to the activities, while Hulbert instructors help the participants make sound decisions. Nonetheless, there is a risk, which must be assumed by the participant, that he or she may find his/her self in physically and or mentally demanding circumstances beyond what one might ordinarily choose. Situational risks may include, but are not limited to, inclement and unpredictable weather, sunburn, allergic reactions, and other injuries. Activities may occur on the grounds of the Hulbert Outdoor Center, or at off-site locations in Vermont or other states. When the program involves travel off-site participants are transported in vans driven by trained Hulbert staff members, or buses operated by professional drivers.

"I understand that part of the program may be physically and or emotionally demanding. I affirm that I have not omitted disclosure of any condition that bears upon my/my child's fitness to participate in Hulbert activities. I also understand that subject to safety decisions made by Hulbert personnel, each participant assumes responsibility for his or her level of participation in program activities."

I ASSUME ALL RISKS AND UNDERSTAND MY RESPONSIBILITY IN MY DECISION TO HAVE MYSELF/MY CHILD PARTICIPATE IN THIS PROGRAM.

EXCEPT IN THE CASE OF THE CAUSAL NEGLIGENCE OF THE ALOHA FOUNDATION, INC. ITS STAFF, OFFICERS, BOARD OF DIRECTORS, AGENTS AND THE HULBERT OUTDOOR CENTER PROGRAM LEADERS, I AGREE TO INDEMNIFY AND HOLD HARMLESS SAID PARTIES AND HOLD SAID PARTIES IN NO WAY RESPONSIBLE OR LIABLE FOR ANY INCIDENTS, CONDITIONS, ACCIDENTS, ILLNESS, INJURIES OR DEATH TO MYSELF/MY CHILD WHICH MAY OCCUR DURING OR AS A RESULT OF PARTICIPATION IN THIS PROGRAM AND AGREE TO PAY ALL EXPENSES (INCLUDING ANY LEGAL FEES AND EXPENSES ON A THIRD PARTY BASIS) RESULTING THERE FROM.

THE HULBERT OUTDOOR CENTER, OF THE ALOHA FOUNDATION, INC., DOES NOT CARRY ANY MEDICAL INSURANCE ON ANY PARTICIPANT. IN PARTICIPATING IN THIS PROGRAM, I RECOGNIZE MY RESPONSIBILITY, THROUGH APPROPRIATE INSURANCE OR OTHERWISE, TO COVER ALL EMERGENCY MEDICAL AND/OR EVACUATION EXPENSES, SHOULD THEY OCCUR.

I HAVE CAREFULLY READ THIS FORM AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
(PARTICIPANT SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PARENT/LEGAL GUARDIAN SIGNATURE – REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE)

\_\_\_\_\_  
(DATE)

### PHOTO RELEASE STATEMENT

I give my permission for photographs taken of me/my child during my/his/her stay at the Hulbert Outdoor Center to be used for promotional purposes at the discretion of the Hulbert Outdoor Center or the Aloha Foundation, Inc.

\_\_\_\_\_  
(PARENT/LEGAL GUARDIAN SIGNATURE – REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE)

\_\_\_\_\_  
(DATE)

The Aloha Foundation, Inc.  
**HULBERT OUTDOOR CENTER**  
**Youth Medical Form**



*To be completed by parent or guardian if participant is under legal age*

Please complete every line

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone (days): \_\_\_\_\_

Address: \_\_\_\_\_ Phone (eves): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ School / Organization: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Phone or other contact information: \_\_\_\_\_

Medical Insurance Carrier Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Carrier Address: \_\_\_\_\_

**HEALTH HISTORY**

Check *all* items, give approximate dates & comment on the severity - attach additional pages if necessary

	<u>YES</u>	<u>NO</u>
Date of last Tetanus Booster _____		
Frequent Ear Infections <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Defect/Disease <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Disorders <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Impairment <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mononucleosis <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint/Bone Injuries <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back Injuries <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Counseling <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent Operations <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MEDICAL EMERGENCY RELEASE STATEMENT (required for participation)**

In case a medical or surgical emergency occurs, and a parent or guardian cannot be reached promptly, I hereby give permission for medical intervention, and/or anesthesia and surgery, to be administered to the above named participant by appropriate medical personnel as designated by the Director of Hulbert Outdoor Center. This form may be photocopied for trips away from Hulbert.

\_\_\_\_\_  
 Parent/ Guardian Signature Date

This form has two sides please turn over ⇨

*Please be assured that every effort will be made to contact you in the event of an emergency*

**MEDICATIONS**

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Please send enough medication to last the entire time at Hulbert. Please keep medication in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. *Distribution of medications taken by participants involved in Hulbert School Programs is the responsibility of the school or organization.*

This person takes NO medications.                      OR                       This person takes medications as follows:

Medication	Dosage	Specific time or situation when medication is taken	Reason for taking/Other information

Please attach additional pages as needed for more medications or for information regarding medications.

Please identify any medications taken normally that participant will not take during the Hulbert program:

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**ALLERGIES** List all known. Attach additional sheets as necessary

This person has NO known allergies.                      OR                       This person has allergies as follows:

<b>Medication allergies</b>	<b>Describe reaction and management of the reaction</b>

<b>Food allergies</b>	<b>Describe reaction and management of the reaction</b>

<b>Other (insect stings, hay fever, asthma, animal dander, etc.)</b>	<b>Describe reaction and management of the reaction</b>

**RESTRICTIONS** Attach additional sheets as necessary

This person has NO restrictions.                      OR                       This person has restrictions as follows:

**Dietary Restrictions & Considerations** \_\_\_\_\_

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**Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)**

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# HULBERT OUTDOOR CENTER

## Clothing and Equipment List for Residential Programs

*We recommend that you clearly write your child's name on all items you send to Hulbert!*

The weather in Vermont is wonderful but it is also extremely variable. Because most of Hulbert's activities occur outdoors it is important to be prepared for all weather conditions. *For outdoor activities, several layers of clothing perform better than one heavy garment.* Multiple layers insulate well and can be peeled off if you become overheated. Most participants find that they can borrow needed items from family members and friends, and we certainly encourage you not to buy lots of new gear. If you have any questions concerning substitutions, please contact us. If you must purchase items, you may find affordable items at Army/Navy stores, second hand clothing stores or outlet stores.

### REQUIRED ITEMS

- Several changes of loose fitting, comfortable clothes that you do not mind getting dirty including:
  - Several pairs of **wool** socks
  - Synthetic fleece jacket or wool sweater
  - Synthetic, wool or silk long underwear (tops and bottoms)
- Rain gear (that can keep you dry in an all day rain)
- Wool or fleece mittens and hat (that covers your ears)
- Hiking boots (waterproofed)
- Extra footwear for indoors (closed-toe shoes, not sandals or clogs)
- Day pack or small knapsack
- Towel and washcloth
- Toiletries (toothbrush, soap, etc.)
- Flashlight
- Sleeping bag
- Very Important:** 2 water bottles (empty 1 liter soda bottles work well)

### OPTIONAL ITEMS

- Field guides and binoculars
- Pillow (not provided)
- Camera and extra film
- Lip Balm and sunscreen
- Journal, pencil, paperback book

### DO NOT BRING

- Large or expensive jewelry
- Pocket knives
- Skateboards or Rollerblades
- Food including candy and gum
- Electronic entertainment equipment including radios, ipods, cd or dvd players
- Anything not allowed by your school
- Cell phones

### **FOR COLD WEATHER PROGRAMS BE SURE TO ADD:**

- Warm, waterproof boots (insulated, wool felt lined boots work well for the coldest months)
  - Parka or winter weight jacket
  - Snow or wind/rain pants
- Extra clothing, particularly several extra pairs of socks
- Clothing that is easy to layer

**Remember:** Synthetic or wool fabrics will keep you warm even when wet. Cotton products draw heat from your body when wet.