



The Compass
51781 Kenai Spur HWY
Kenai, AK 99611
907-740-3971

The Compass HIKES Permission Form

I _____, the parent of _____ (“my child”),

give permission for my child to attend any or all the following activities

Juneau Falls Hike on June 5th

Vista Point Hike on June 12th

Mt. Marathon on June 19th

Harding Icefield Hike on June 26th

Carter Lake Hike on July 10th

Ptarmigan Lake Hike on July 17th

Flat Top Hike on July 24th

I understand that personal injury can and may occur to my child, and I hereby authorize **THE COMPASS Staff**, or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release **THE COMPASS**, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

I give permission for my child to ride in any vehicle designated by **THE COMPASS**, its employees and adult volunteers, while participating in and traveling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of **THE COMPASS**, properties visited on outing, other’s personal property, or vehicles used for transportation.

I agree and consent to all of the above stated.

(Parent/Guardian Signature)

(Date)

(Emergency Contact Name and Phone Number for the Day of the Trip)

(Emergency Contact Name and Phone Number for the Day of the Trip)



The Compass
51781 Kenai Spur HWY
Kenai, AK 99611
907-740-3971

Medical Information and Release Form

The Compass summer outdoor program involves a variety of activities in outdoor settings. Activities may include van transportation, games, group initiative problems, caving, hiking, canoeing, fishing, rock-climbing, biking, and other rigorous physical adventure activities. There are certain risks inherent in outdoor adventure. The information gathered on this medical form is intended to help inform The Compass staff of any pre-existing medical conditions, and to help medical professionals if medical treatment is necessary. This information will be kept in strict confidence by The Compass and shared only with The Compass staff and medical professionals.

I. GENERAL INFORMATION

Name (PLEASE PRINT): _____ Age: _____
Date of Birth _____ Gender _____ Height _____ Weight _____

HEALTH INSURANCE: Name and address of insurance company

PERSON TO CONTACT in Case of Injury or Illness:

Name _____

Relationship _____

Address _____

Phone: Home _____ Cell _____

PLEASE CHECK THE FOLLOWING CONDITIONS THAT APPLY:

Asthma Back Problems Dislocations Joint Problems High Blood Pressure
 Diabetes Heart Problems Blood Problems Major vision Problems Epilepsy

For any conditions checked above, please describe: Specific symptoms or conditions-

what tends to cause the problems – _____

how often they occur and how long they last - _____

how you care for them, including any medications you carry for the above indicated conditions - _____

Do you have any physical or health conditions that the program leader should know about?

Are you taking medication (prescribed or otherwise, e.g., cold medicine)? If so, what type and what is it for?

Are you taking, or have you recently taken psychiatric medication? If so, what type and what is it for?

Allergies: If you are allergic to any of the following, please explain. (Nature, foods, medications, or other)

PLEASE INCLUDE ANY OTHER MEDICAL OR HEALTH CONDITIONS, ISSUES, OR CONCERNS

II. RELEASE OF LIABILITY

I affirm that the confidential medical information that has been provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold The Compass harmless if full disclosure of a pre-existing medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment that may become necessary.

I understand that parts of The Compass trips may be physically demanding. I hereby acknowledge that I am aware of these risks, and I agree to follow all safety instructions and ask questions if I do not understand. I also acknowledge that, despite careful precautions, there are certain inherent risks of injury in this program, and I accept those risks. I understand that each participant must assume the risk of injury or disability that could result from any of the activities.

I release, on behalf of my heirs and assigns, The Compass, its employees, staff, volunteers, and successors, from and against any and all claims and causes of action arising out of my participation in this program.

I have read and I understand this statement.

Participant Signature: _____ Date: _____

Signature of Parent of Guardian (if minor) _____ Date: _____