

The University of Texas at Austin – Division of Recreational Sports  
Outdoor Recreation Program – Adventure Trip Registration

- The following form must be completed and presented upon trip registration.
- Please print neatly and in blue or black ink.
- A copy of your health insurance card must accompany this form in order for your registration to be complete. If you are a current UT student and do not have proof of insurance you may purchase insurance through UT at \$2.00 per day.
- You will not be able to register for any trip unless payment, a completed registration form, and the appropriate insurance requirements are presented.

**PARTICIPANT HISTORY**

Name: \_\_\_\_\_  
Last First M.I.

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

City/State/Zip: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_

Status: [check one]     UT Student     UT Faculty/Staff     Community

Academic Major or Occupation: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_     Male  Female

E-mail: \_\_\_\_\_ UT EID: \_\_\_\_\_

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**A. Have you ever experienced any of the following:**

- altitude sickness
- migraine headaches
- heat exhaustion
- heart problems
- asthma
- hay fever
- stroke
- epilepsy
- other

If any of the above are checked, please explain:

**B. Do you have any allergies to the following:**

- insects [bees, spiders, etc...]
- medications
- foods
- sun
- plants
- other

If any of the above are checked, please explain:

**Notice Concerning Your Information:**

The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that The University of Texas at Austin collects about you. It also gives you the right to request a copy of that information; and to have The University correct any of that information that is wrong. You may request to receive and review any of that information; or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, PO Box 8179, Austin, Texas, 78713 (email: cfo@www.utexas.edu)

**C. Are you currently taking any medications?** [please indicate type and dosage]

**D. Diet considerations:**

will eat anything     vegetarian

Foods I will not or cannot eat include:

**Please rate yourself in the following areas.** [Check the description which best fits your skill level or experience]

**1. Swimming ability:**

none                       beginner                       intermediate                       advanced

**2. Fitness level:**

fair                       good                       excellent

**3. Camping/backpacking experience:**

none                       car camping                       wilderness camping

**4. Canoeing/rafting experience:**

none                       beginner                       intermediate                       advanced

**5. Type of canoeing/rafting experience:**

none                       flat water                       moving water

**6. Length of longest camping trip**

0 days                       1-3 days                       week or more

**7. Participation in previous UT trips:**

never                       once                       several times

**8. Have been to this trip location area before:**

never                       once                       several times

**9. Reason for participating on this trip [check all that apply]:**

to visit a new place  
 to learn new skills  
 to meet new people  
 other:

**10. Skills or interests you have that can contribute to the group experience [check all that apply]:**

naturalist [birds, wildflowers, native plants, geology, astronomy, etc...]  
 outdoor cooking  
 fixing things [mechanically inclined]  
 other:

**11. First aid or medical training [check all that apply]:**

CPR  
 First Aid  
 EMT  
 Lifeguard/Swim Instructor  
 other:

**University of Texas at Austin – Division of Recreational Sports  
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

**Personal Information:**

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Nearest Relative: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Medical Information:**

Physician's Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Special Health Needs: \_\_\_\_\_

**Emergency Medical Authorization:**

I, the undersigned, do hereby authorize The University of Texas at Austin and its designated representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates for this authorization are \_\_\_\_\_ to **August 31, 2006**.

I am eighteen years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate.

\_\_\_\_\_ Date: \_\_\_\_\_  
[Signature of Individual Providing Authorization]

**RELEASE AND INDEMNIFICATION AGREEMENT**  
**The University of Texas at Austin**  
**(Please print)**

**STUDENT:** \_\_\_\_\_ UT EID: \_\_\_\_\_  
Name (last, first, middle initial)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

**DESCRIPTION OF ACTIVITY OR TRIP:** \_\_\_\_\_

**MODE OF TRANSPORTATION:** \_\_\_\_\_

**LOCATION(s) of activity or trip:** \_\_\_\_\_

**DATE(s) of activity or trip:** \_\_\_\_\_

I, the above named student, am eighteen years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the University of Texas at Austin, its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence of the University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the University of Texas at Austin and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

\_\_\_\_\_  
Signature of Student

Date signed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

Date signed: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Witness