

# RIVERQUEST PERMISSION FORM AND MEDICAL WAIVER

Everyone going on the voyage must complete this form in its entirety and return it to the classroom teacher prior to the voyage. PLEASE PRINT.

Date of Trip: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_  
                    *Last Name*                    *First Name*

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_Male \_\_\_Female

Parent/Guardian: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_  
Other Phone # \_\_\_\_\_

Home Address: \_\_\_\_\_  
                    *Street*                                            *City*                    *State*                    *Zip*

★ Give us your email address and we'll send you monthly news about RiverQuest programs!

YES, please subscribe me to RiverQuest WAVES e-newsletter: \_\_\_\_\_  
                                                                                            *Parent or Guardian Email Address*

**ALL INFORMATION BELOW THE DOUBLE LINE IS DESTROYED AFTER THE RIVERQUEST PROGRAM**

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## HEALTH INFORMATION (All participants must complete the following)

Please check any allergies your child may have.

ALLERGIES	TYPE OF REACTION
<input type="checkbox"/> Insect Stings	_____
<input type="checkbox"/> Hay Fever	_____
<input type="checkbox"/> Asthma	_____
<input type="checkbox"/> Latex	_____
<input type="checkbox"/> Peanut	_____
<input type="checkbox"/> Other	_____
	_____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

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**FOR ALL RIVERQUEST PARTICIPANTS: PLEASE READ AND SIGN BELOW**

The health information I have provided is accurate to the best of my knowledge. I understand that participation in RiverQuest activities is entirely voluntary. I understand that the RiverQuest program involves boating. I know and understand the risks involved in the above-named activities and I know and understand that unanticipated events might arise. I hereby release RiverQuest (Pittsburgh Voyager, Inc.) from any responsibility for injury that might occur as a result of participation in RiverQuest activities.

**PARENTAL PERMISSION**

I give permission for \_\_\_\_\_ to participate in all field experience activities except as noted. I also give permission to authorize personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for my child and also permit such treatment procedures to be carried out at, and by the local hospital(s) for my child in the event of an emergency. I understand that any medical expenses will be billed directly to me or my insurance company.

**X SIGNATURE:**

\_\_\_\_\_  
*Parent/Guardian Signature -or- Adult participant Signature*

**PHOTO - VIDEO RELEASE**

I hereby grant, to RiverQuest (Pittsburgh Voyager, Inc), its assigns, and its legal representatives, and assign the irrevocable and unrestricted right to use and publish photographs and/or video images of me (my child) or photographs and/or video images in which I (they) may be included, for editorial purpose and in any manner and medium; to alter the same without restrictions; and to copyright the same. I hereby release RiverQuest (Pittsburgh Voyager, Inc.) and its assigns, photographer/videographer and his/her heirs, legal representative and successors from all claims and liability relating to said photographs/video images.

**X SIGNATURE:**

\_\_\_\_\_  
*Parent/Guardian Signature -or- Adult participant Signature*

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**HEALTH INFORMATION, Continued (All participants must complete the following)**

Please list any specific activities to be limited or avoided:

\_\_\_\_\_  
Other health-related information for RiverQuest (Pittsburgh Voyager, Inc.) staff:

\_\_\_\_\_  
Current Medication:

\_\_\_\_\_  
OPTIONAL: FAMILY PHYSICIAN:

OPTIONAL: PHYSICIAN PHONE NUMBER: \_\_\_\_\_

OPTIONAL: MEDICAL INSURANCE COMPANY: \_\_\_\_\_

OPTIONAL: POLICY AND/OR ID NUMBER \_\_\_\_\_