

Umpqua Explorers

Medical Release



This must be completed in ink by every applicant in order to join the Umpqua Explorer program.

Applicant's Name

Date of Birth

Gender

Guardian(s) Name

Relationship

Guardian Address

City

State

Zip Code

Guardian Home Phone

Guardian Work Phone

Please list any health problems, mental or physical conditions that might require special planning or consideration for participation in the Umpqua Explorer program at the Douglas County Museum. Examples: allergies, asthma, autism, chronic disease, crippling conditions, sight or hearing problems, seizures, special diet, or any condition requiring medication.

Conditions:

Medications:

Please indicate your family doctor's contact below in case of emergency:

Family Doctor

Phone

Address

City

State

Zip Code

If unable to contact guardian in an emergency situation, contact:

Emergency Contact 1:

Name

Relationship

Guardian Address

City

State

Zip Code

Guardian Home Phone

Guardian Work Phone

Emergency Contact 2:

Name

Relationship

Guardian Address

City

State

Zip Code

Guardian Home Phone

Guardian Work Phone

By signing below I hereby give my permission to receive appropriate medical treatment in the event of an emergency if emergency contacts cannot be reached.

In consideration for the privilege to participate in the Douglas County Museum's Umpqua Explorer Program, the UNDERSIGNED hereby assumes all responsibility for medical treatment and insurance to cover any injury or illness occurring while volunteering at the Douglas County Museum and any related activities or events, and holds the Douglas County Museum harmless from any and all liability, actions, causes of actions, debts, claims and demands of every kind and nature whatsoever, which arise from or in connection with Umpqua Explorer activities.

The UNDERSIGNED, understands that the Umpqua Explorer Program is not covered not by workers compensation insurance, health, accident, life insurance or social security through the Douglas County Museum for any accident, illness, or injury to the Umpqua Explorer. We further understand that if a staff supervisor requests the Umpqua Explorer to perform a task that exceeds the Umpqua Explorers physical capabilities, the Umpqua Explorer is responsible for declining the assignment.

Applicant's Signature

Date

Guardian's Signature

Date