

**RELEASE AUTHORIZATION
WILDERNESS RECREATION LEADERSHIP STUDENTS / FACULTY ONLY**

CONFIDENTIAL

Please place an "X" in appropriate boxes.

Allergy to: Materials (Fabric/Latex) Shellfish or Iodine Peanuts, Nuts Insect bites

Other: _____

Have you ever experienced an anaphylactic reaction? Explain: _____

Reaction to extremes of temperature History of Frostbite/Cold Injury

Date: _____ Explain: _____

Claustrophobia, agoraphobia, acrophobia (strong fear of confined places, open areas or height)

Special dietary restrictions (low-sugar, vegetarian, low-salt, non-dairy, kosher, etc). Explain: _____

I affirm that I have completed Sections I and II of the Health Report completely and accurately. I acknowledge that failure to disclose medical conditions that may affect my participation in WRL programs could result in serious harm to myself and fellow participants. By signing this form, I hereby authorize NCCC to disclose, as needed, any and all of my health-related records to: WRL program faculty, group leaders, and staff responsible for wilderness trips and practica; College administrators and staff who have legitimate educational interest in this information; and emergency and other medical personnel in medical or medical emergency situations. I also assume full responsibility for my participation in Wilderness Recreation Leadership program activities, experiences, and practica, releasing the College from any and all liability.

Name (Please Print)

Student / Faculty Signature

Date

ATHLETES ONLY

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1. Are you able to run ½ mile (2 times around the track) without stopping? Yes No

2. Over the next 12 months I wish to participate in the following sports: _____

I affirm that I have completed Sections I and II of the Health Report completely and accurately and that my answers to the above questions are correct. By signing this form, I hereby authorize NCCC to disclose, as needed, any and all of my health-related records to College administrators, staff and coaches who have legitimate educational interest in this information and to emergency and other medical personnel in a medical or medical emergency situation. I also assume full responsibility for my participation in intercollegiate and intramural sports, releasing the College from any and all liability.

Name (Please Print)

Student Signature

Date