



BELIZE FOUNDATION *for* RESEARCH and ENVIRONMENTAL EDUCATION

HEALTH AND LIABILITY FORM

Please fill out this form completely and accurately. Thorough answers will enable us to respond to any problem or emergency that may arise during your stay at BFREE.

NAME:

BIRTHDATE:

AGE:

SEX: M F

EMAIL:

PERMANENT ADDRESS:

STREET ADDRESS

CITY

STATE

ZIP

I AM HERE AS A: STUDENT RESEARCHER VOLUNTEER VISITOR

DATES OF STAY AT BFREE:

BLOOD TYPE:

EMERGENCY CONTACT:

RELATIONSHIP:

EMAIL:

PHONE:

DIETARY RESTRICTIONS?



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MEDICAL HISTORY
(PLEASE MARK ALL THAT APPLY)

ALLERGIES

- Penicillin
- Iodine
- Heat
- Aspirin
- Other Medication _____
- Insects (Bee stings etc) _____
- Food: Lactose Int. /Gluten/ Other

- Fabric: _____
- Other: _____

If you checked any of the above, please describe your reaction and how you treat it.

HEALTH CONCERNS

- SEIZURES
If so, when was your last seizure? _____

Are you currently on medication? _____
What type? _____
- EATING DISORDER
- CROHN'S DISORDER
- FAINTING
- DRUG PROBLEMS

- BACK PROBLEMS
- KNEE/OTHER JOINT PROBLEM
- HEAT EXHAUSTION
- ASTHMA
If so, are you currently on medication?
What type: _____
- BRONCHITIS
- RHEUMATIC FEVER
- POOR CIRCULATION
- ARTHRITIS
- CHRONIC DIARRHEA
- STOMACH/INTESTINAL PROBLEMS
If so, are you currently on medication?
What kind? _____
- DIABETES:
Injection Pill Diet
- ABNORMAL BLOOD PRESSURE:
If so, are you currently on medication?

- HYPERTENSION
If so, are you currently on medication?

- MONONUCLEOSIS
- RAYNAUD'S SYNDROME
- DENTAL/EYE ISSUES: _____
- SLEEPWALKING

If you have any other medical condition not listed here that we should know about please elaborate here:



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WAIVER OF LIABILITY

The purpose of this **Waiver of Liability**, issued by the Directors, Officers and Managers of the Belize Foundation for Research and Environmental Education (BFREE) and required to be signed by every researcher, student, teacher, intern and visitor who comes to BFREE (Participants), is as follows:

1. To inform all PARTICIPANTS of the dangers inherent in visiting the natural environmental in Belize and BFREE.
2. To secure the voluntary consent of participants to participate in any activities conducted at BFREE and to ensure that each PARTICIPANT understands the possible dangers that could result from this exposure.
3. To secure from each PARTICIPANT a waiver of liability for BFREE Directors, Officers, and Management for any injury, illness or death resulting from the dangers enumerated below.

The dangers referred to above include but are not limited to the following:

1. Intestinal or other disorders resulting from a change in climate, eating habits, or exposure to foreign beaches, rivers or other bodies of water.
2. Contracting diseases such as malaria, leishmaniasis, cholera, dysentery, parasites, yellow fever, dengue fever, tuberculosis, hepatitis, and rabies
3. Snake bites, venomous and non-venomous
4. Allergic reactions to plants and insects, e.g. poisonwood, mosquitoes, scorpions, doctor flies and other stinging insects
5. Thorns and pricklers from sharp vines and other plants
6. Drowning or injuries when snorkeling or scuba diving in fresh water or salt water, e.g. shark, man-o-war, rays, coral
7. Sprains, contusions and broken bones
8. Infected insect bites and systemic infections, including bee stings
9. Cuts, punctures, abrasions and burns
10. Injuries due to natural disasters, e.g. falling branches and rock slides
11. Injuries due to encounters with wild animals, e.g. large cats, boars and crocodiles
12. Lack of immediate medical attention by trained medical personnel

I have read the above waiver and by signing it agree that I am aware of the possible dangers that may occur as a result of participating in programs sponsored by BFREE in Belize, Central America. Nevertheless, I choose to [allow my child] to participate.

Print name of Participant

Participant's signature