Fees and registration:

The fee for each trip includes transportation, accommodations, meals, activities, and an Akron Adventures T-shirt and Water Bottle. Make your check payable to The University of Akron.

The University of Akron
Akron Adventures
c/o Emily Ziesenhein
Simmons Hall, 209
Akron, OH 44325-4716

Upon registration, you will receive an e-mail confirmation with details about your trip.

For more information:

We welcome your questions about Akron Adventures. Contact Emily Ziesenhein at nsoga1@uakron.edu or 330-972-2145

Akron Adventures Registration Form:

Student’s name: ____________________________

E-mail address: ____________________________

Cell Phone number: ________________________

Mailing address: ____________________________

Shirt size:  S  M  L  XL  XXL

Please prioritize your camp preference by ranking your first and second choice:

River Rafting Adventure (July 12 – 14, 2013) $129.00

Zipline Canopy Tour (July 26 – 28, 2013) $129.00
Photo Release Form:

☐ I grant full permission for/to the University (including but not limited to Recreation & Wellness Services) to use photographs, videos and other types of recordings of me in legitimate accounts and promotions of the facility and/or events.

Printed Name: ________________________________

Signature: ___________________________ Date: ______________

Address: ________________________________

City: ______________ State: ___________ Zip: ___________

E-mail: ___________________________ Phone: ( ) ________
**Outdoor Adventure Services**  
Student Recreation and Wellness Center  
University of Akron

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**Health History**

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**Outing Name:**

This trip involves participation in activities which are, by nature, physically demanding, and often times take place remote in locations without the opportunity for immediate medical attention. As a participant of an Outdoor Adventure Trip we require full disclosure of your current health. The information you provide is essential, as it may assist with your care in the event of an accident. Full and accurate completion of all sections is very important. The provided information will be kept confidential between the trip leader(s), and health care professionals in the event of an accident. This form is not used to evaluate your ability to participate in any activities. Only qualified health care professionals can make that decision.

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<th>Age:</th>
<th>Height:</th>
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**Emergency Contact Information**

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<th>Family Physician:</th>
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**Medical Insurance Information**

Each participant is strongly encouraged to be covered by his/his own health insurance. The University of Akron, Recreation and Wellness Services, and Outdoor Adventure Services do not provide sickness, health, or accident insurance.

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<th>Insurance Provider:</th>
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Do you have any physical disabilities or conditions that might limit your participation? ☐Yes ☐No

If yes please describe. __________________________________________

Are you currently under treatment for any illness or medical condition? ☐Yes ☐No

If yes please describe. __________________________________________

Do you regularly take or need to carry medications? ☐Yes ☐No

If yes please list and describe. __________________________________

Do you have any allergies? ☐Yes ☐No

If yes please list and describe. __________________________________

Are you allergic to bee or insect stings? ☐Yes ☐No

If yes, please describe your allergic reaction. ______________________

If you require medications for allergic reactions please bring two doses with you and alert your instructor(s).

Have you had a cold injury? ☐Yes ☐No

Have you had a heat injury (i.e. exhaustion)? ☐Yes ☐No

If yes please describe. _________________________________________

Do you have a history of heart problems? ☐Yes ☐No

If yes, please explain. _________________________________________

Have you every undergone surgery within the past year? ☐Yes ☐No

Do you have any open wounds? ☐Yes ☐No

If yes, please explain. _________________________________________

Do you have any dietary restrictions (gluten, dairy, vegetarian, etc.)? ☐Yes ☐No

Please List: _________________________________________________

Do you smoke? ☐Yes ☐No

Do you wear glasses/contacts? ☐Yes ☐No

Do you have dentures/fixe teeth? ☐Yes ☐No

Can you swim? ☐Yes ☐No

Are you First Aid/CPR certified? ☐Yes ☐No

exp. ________________________________________________________