



# James River Association

## Extreme Stream Makeover

### Sign-In Sheet & Health Form

(Please Print)

Name (First & Last): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Participating family members (and ages): \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Project Site(s): \_\_\_\_\_

#### In Case of Emergency:

Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: ( ) Check if same as above; \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

#### Health Concerns:

Please list any allergies, health problems, or special needs pertaining to the participant, such as asthma, diabetes, allergic to bee stings, etc.: \_\_\_\_\_

#### **ALL JRA EVENT PARTICIPANTS (AND/OR THEIR GUARDIANS) PLEASE READ AND SIGN THE FOLLOWING:**

All of the above information is to the best of my knowledge, correct. I understand that participation in James River Association (JRA) activities is entirely voluntary. I understand that the JRA event may involve “hands on” activities such as planting trees, plants and shrubs, picking up trash, using equipment, or wading in shallow water; and I understand the risks and dangers involved in the above-named activities. I know and understand that unanticipated dangers might arise. I hereby release the James River Association from any responsibility for injury which might occur as a result of participation in JRA activities. I give permission to authorize personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for me / my child, and also permit such treatment procedures to be carried out at and by local hospital(s) for me / my child in the event of an emergency. I understand that any medical expenses will be billed directly to me or my insurance company. I hereby grant the James River Association the unconditional right to use my / my child’s name, voice, and photographic likeness in connection with any audio video production, articles, website materials or press releases, but not as an endorsement.

For children under 18:

I give permission for \_\_\_\_\_ to participate in all field activities, except as otherwise noted.

\_\_\_\_\_  
Signature of participant or parent / guardian

\_\_\_\_\_  
Date