

Part 1: Informed Consent, Release Agreement, and Authorization



Full Name: _____

DOB: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Historical Immersion activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about these activities may be obtained from the venue, activity coordinators, or the Texas Civil War Living History Institute. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, program medical staff, program management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any Texas Civil War Living History Institute volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Historical Immersion activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Texas Civil War Living History Institute, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the Texas Civil War Living History Institute, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Historical Immersion activities, and I hereby release the Texas Civil War Living History Institute and all employees, volunteers, related parties, or other organizations associated with the activity from an and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electron representations and/or sound recordings without limitation at the discretion of the Texas Civil War Living History Institute or associated organizations, and I specifically waive any right to any compensation I may have for any of the foregoing.

! **Note: Due to the nature of programs and activities, the Texas Civil War Living History Institute cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a youth participant in connection with programs or activities below.**

List participant restrictions, if any: ☐ None _____

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required by your state)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Adults NOT Authorized to Take to and From Events:

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Part 2: General Information/Health History



Full Name: _____

DOB: _____

Age: _____ Gender: _____ Height(inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP Code: _____ Telephone: _____

Group leader (if applicable): _____ Leader's Mobile Phone: _____

Group Name (if applicable): _____

Health/Accident Insurance Company: _____ Policy Number: _____



Please attach a clear image of both sides of the insurance card. If you do not have medical insurance, enter "none" above

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home Phone: _____ Other Phone: _____

Alternate Contact Name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart Surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-Related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	Last Attack Date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes: ☐ No: ☐
		List all surgeries and hospitalizations	Last surgery date:
		List any other medical conditions not covered above	

Part 2: General Information/Health History



Full Name: _____

DOB: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.

☐ IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

☐ Yes ☐ No Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

Parent/guardian signature

MD/DO, NP, or PA signature (if your state requires a signature)

! Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended by the Texas Civil War Living History Institute. Tetanus immunization is required and must have been received within the last 10 years. IF you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e. HIB)	
			Exemption to immunizations (form required)	

DO NOT WRITE IN THIS BOX

Review by TXCWLHI officers/staff.

Reviewed by: _____

Date: _____

Further Approval Required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart, you may not be allowed to participate. See the Historical Immersion Risk Advisory pages for details.

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295

Part 3: Pre-Participation Physical



This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants. This part must be completed for long-term events or special events as indicated by the Texas Civil War Living History Institute.

Full Name: _____

DOB: _____



You are being asked to certify that this individual has no contraindication for participation inside a Historical Immersion Experience. Please refer to the supplemental information on the Historical Immersion Risk Advisory pages provided by your patient.

Examiner: Please fill in the following information:

		Yes	No	Explain
Medical restrictions to participate				
Yes	No	Allergies or Reactions		Explain
		Medication		
		Food		
Yes	No	Allergies or Reactions		Explain
		Plants		
		Insect bites/stings		

Height (inches): _____ Weight (lbs.): _____ BMI: _____ Blood Pressure: _____ / _____ Pulse: _____

	Normal	Abnormal	Explain Abnormalities
Eyes	☐	☐	
Ears/nose/throat	☐	☐	
Lungs	☐	☐	
Heart	☐	☐	
Abdomen	☐	☐	
Genitalia/hernia	☐	☐	
Musculoskeletal	☐	☐	
Neurological	☐	☐	
Other	☐	☐	

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Historical Immersion Experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Does not have uncontrolled heart disease, asthma, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		I have reviewed with them the important supplemental risk advisory provided.

Examiner's Signature: _____ Date: _____

Provider printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office Phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following Immersion Risk Advisory pages for details.

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295

Historical Immersion Risk Advisory to Health-Care Providers and Parents

Email: txcwlhi@gmail.com **Website:** www.txcwlhi.org

Texas Civil War Living History Institute

Texas Civil War Living History Institute Historical Immersion Experience.

A Historical Immersion Experience is not risk-free. Officers and staff will instruct participants in safety measures. Be prepared to listen to and follow these measures. Accept responsibility for the health and safety of yourself and others. Each participant must be able to carry 40 pounds of gear while walking 3 to 10 miles per day while exposed to the elements in a re-created historical environment. Temperatures may exceed 100 degrees or fall well below freezing. A re-created historical environment poses hazards from the elements, firearms and ammunition, live animals, wagons, open flame, and heavy equipment.

Risk Advisory. The Texas Civil War Living History Institute has an excellent health and safety record and strives to minimize risks to participants by emphasizing appropriate safety precautions. Because most participants are prepared, are conscious of risks, and take safety precautions, they do not experience injuries. If you decide to attend a Historical Immersion event, you should be physically fit, be willing to follow instructions, work as a team with your fellow participants, and take responsibility for your own health and safety.

Texas Civil War Living History Institute officers and staff members are trained in first aid, CPR, and accident prevention. They can assist in recognizing, reacting to, and responding to accidents, injuries, and illness. Response times can be affected by location, terrain, weather, or other emergencies and could be delayed for hours or even days in a wilderness setting.

All Texas Civil War Living History Institute participants should understand potential health risks inherent to a historical environment. A physically demanding program in an outdoor, possibly remote area; camping while being exposed to occasional severe weather conditions such as lightning, hail, flash floods, and heat; and other potential problems, including injuries from tripping and falling, falls from horses, heat exhaustion, exhaustion, or any other program activity can worsen underlying medical conditions. Native wild animals such as bears, snakes, or venomous insects as well as domesticated animals present little danger if proper precautions are taken.

Participants should review all provided information thoroughly, especially information about activities or experiences that may be new to them.

Please contact the Institute if you have any questions. All participants and guests should review all materials and websites related to the experiences they are planning to have at Texas Civil War Living History Institute events.

Food. If there is a concern that the provided meals will not meet the participant's special dietary needs, contact the Texas Civil War Living History Institute directly. Institute staff will work with the participant to meet their particular needs.

Medication. Each participant who needs medication must bring enough medicine for the duration of the trip. Consider bringing two or three supplies of vital medication. People with allergies that have resulted in severe reactions or anaphylaxis must bring an EpiPen that has not expired.

Immunizations. Each participant must have received a tetanus immunization within the last 10 years. Recognition will be given to the rights of those participants who do not have immunizations because of philosophical, political, or religious beliefs. In such a situation, the Immunization Exemption Request form is required.

High Blood Pressure. Battlefield Adventure Co. participants should have a blood pressure less than 140/90. People with hypertension (greater than 140/90) should be treated and controlled before attending a Historical Immersion event, and should continue on medications while participating. The goal of treatment should be to lower the blood pressure to normal levels. Those individuals with a blood pressure consistently greater than 160/100 at an event may be removed from duty/participation until their blood pressure decreases.

Seizures (Epilepsy). The seizure disorder must be well-controlled by medication. A well-controlled disorder is one in which a year has passed without a seizure. Exceptions to this guideline may be considered on an individual basis, and will be based on the specific type of seizure and likely risks to the individual/other members of the group.

Diabetes Mellitus. Both the person with diabetes and one other person in the group need to be able to recognize signs of excessively high or low blood sugar. An insulin-dependent person who was diagnosed or who has had a change in deliver system (e.g. insulin pump) in the last six months is advised not to participate. A person with diabetes who has had frequent hospitalizations or who has had problems with low blood sugar should not participate until better control of the diabetes has been achieved. If an individual has been hospitalized for diabetes-related illnesses within the past year, the individual must obtain permission to participate by contacting the Institute.

Asthma. Asthma must be well-controlled before participating in a Historical Immersion event. This means: **1)** the use of a rescue inhaler (e.g. albuterol) less than once daily; **2)** no need for a rescue inhaler at night. Well-controlled asthma may include the use of long-acting bronchodilators, inhaled steroids, or oral medication such as Singulair. You may not be allowed to participate if: **1)** you have asthma not

controlled by medication; or **2)** you have been hospitalized/gone to the emergency room to treat asthma in the past six months; or **3)** you have needed treatment by oral steroids (prednisone) in the past six months. You must bring an ample supply of your medication and a spare rescue inhaler that are not expired. At least one other member of the group should know how to use a rescue inhaler. Any person who has needed treatment for asthma in the past three years must carry a rescue inhaler on the event. If you do not bring a rescue inhaler, you must buy one before you will be allowed to participate.

Recommendations for Chronic Illnesses.

Adults or youth with any of the following conditions should undergo an evaluation by a physician before considering participation at a Texas Civil War Living History Institute event.

1. Chest pain, myocardial infarction (heart attack) or family history of heart disease in any person before age 50
2. Heart surgery, including angioplasty (balloon dilation), to treat blocked blood vessels or place stents
3. Stroke or transient ischemic attacks (TIAs)
4. High blood pressure
5. Claudication (leg pain with exercise, caused by hardening of the arteries)
6. Diabetes
7. Smoking or excessive weight

The physical exertion at a Historical Immersion event may precipitate either a heart attack or stroke in susceptible people. Participants with a history of any of the seven conditions listed above should have a physician-supervised stress test. Even if the stress test results are normal, the results of testing are done in different environments, without carried equipment, and do not guarantee safety. If the test results are abnormal, the individual is advised not to participate.

Allergy or Anaphylaxis. People who have had an anaphylactic reaction from any cause must notify the Texas Civil War Living History Institute before arrival. If you are allowed to participate, you will be required to have appropriate treatment with you. You and at least one other member of your crew must know how to give the treatment. If you do not bring appropriate treatment with you, you will be required to buy it before you will be allowed to participate.

Recent Musculoskeletal Injuries and

Orthopedic Surgery. Participants will put a great deal of strain on their joints. Individuals who have significant musculoskeletal problems (including back problems) or orthopedic surgery/injuries within the last six months must have a letter of clearance from their treating physician to be considered for approval, and the Texas Civil War Living History Institute should be contacted in advance of participation. Permission is not guaranteed. Ingrown toenails are a common problem and must be treated 30 days prior to arrival.

Psychological and Emotional Difficulties.

Parents and advisors should be aware that no Historical Immersion experience is designed to assist participants in overcoming psychological or emotional problems. Experience demonstrates that these problems frequently become worse, when a participant is under the stress of the physical and mental challenges of a historical setting. Medication must never be stopped prior to participation and should be continued throughout the entire Historical Immersion experience.

Weight Limits. Weight limit guidelines (see Part B or Part C) are used because overweight individuals are at a greater risk for heart disease, high blood pressure, stroke, heat exhaustion, sleep problems, injury, and other problems caused or aggravated by participation in Historical Immersion activities. These guidelines are for all Texas Civil War Living History Institute activities. Each participant's weight must be less than the maximum acceptable limit in the weight chart. Participants 21 years and older who exceed the maximum acceptable weight limit for their height at the event medical recheck WILL NOT be permitted to participate at the event. They will be sent home. For participants under 21 years of age who exceed the maximum acceptable weight for height, the Texas Civil War Living History Institute officers/staff will use their judgment to determine if the youth can participate. The Texas Civil War Living History Institute will consider up to 20 pounds over the maximum acceptable; however, exceptions are not made automatically and discussion with the organization in advance is required for any exception. Due to equipment restrictions and historical accuracy, under no circumstance will any individual weighing more than 295 pounds be permitted to participate in Historical Immersion events.

Organizational Approval. Officers, staff and/or program medical personnel reserve the right to deny the participation of any individual on the basis of a physical examination and or medical history. Each participant is subject to medical recheck at the event site.