

This Form must be Completed and Signed by Your Medical Provider!

Campus Recreation Health Clearance Form

In the interest of safety, of yourself and other participants, please have your Medical Care Provider you have seen the most, complete and sign this form.

STUDENT'S NAME: _____

The student (name stated above) has applied to participate in the trips program led by Campus Recreation, University Corporation, at California State University San Marcos.

This trip will take place from _____ to _____.

This trip program includes, but is not restricted to, the following characteristics:

- Spend many hours of the day traveling outdoors and two nights camping.
- Travel by car on roads and on foot over improved and unimproved roads, rugged trails, and off-trail terrain.
- Activities may be strenuous, physically, and emotionally. Includes hiking through difficult terrain.
- The environment for this program is usually in remote places, sometimes hours from medical facilities, where risks and hazards may include flowing, deep and/or cold water; insects, snakes, predators, and large animals; forces of nature, including weather which may change to extreme conditions.

By signing below, I certify that I have reviewed the activities and the health history of the individual listed on this form. It is my opinion that this individual may participate in the trips program, with the characteristics listed above, and is capable of taking part in these activities.

YES ___ NO ___

Comments: _____

Provider's _____ Signature _____ Date _____

Printed _____ Name License # _____