



HEALTH AND LIABILITY FORM

The Las Cuevas Research Station (LCRS) welcomes you to the Chiquibul Forest. Please take your time to fill out this form completely and accurately in order for us to assist you in responding to any health matter or emergency that may arise whilst your stay at the station in Belize.

FIRST NAME: _____ MIDDLE INITIAL: ____ FAMILY NAME: _____

BIRTHDATE: _____ (DD/MM/YY)

AGE: _____

SEX (Underline): M F

E-MAIL ADDRESS: _____

PERMANENT ADDRESS: Street Address: _____
City: _____ State: _____ Zip Code: _____

UNDERLINE HOW BEST YOU DESCRIBE YOURSELF: (A) **PROFESSOR** (B) **STUDENT** (C) **RESEARCHER** (D) **TOURIST** (E) **INTERN** (F) **VOLUNTEER**

PROJECTED DATE OF ARRIVAL AT LCRS: _____ (DD/MM/YY)

PROJECTED DATE OF DEPARTURE FROM LCRS: _____ (DD/MM/YY)

BLOOD TYPE: _____

EMERGENCY NAME OF CONTACT: _____

FULL ADDRESS (Street, City, Zip Code): _____

RELATIONSHIP: _____

EMAIL: _____

PHONE NUMBER: _____

DESCRIBE ANY DIETARY REQUIREMENTS YOU MAY HAVE?

MEDICAL HISTORY

(PLEASE MARK ALL THAT APPLY)

ALLERGIES

- ☐ Penicillin
- ☐ Iodine
- ☐ 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:

MEDICAL CARE

Do you envision seeking any medical care whilst in Belize? YES NO

If so: NAME OF PRIMARY CARE DOCTOR: _____

FULL ADDRESS (Street, City, Zip Code): _____

DO YOU HAVE A HEALTH INSURANCE PACKAGE: YES NO



WAIVER OF LIABILITY

The purpose of this **Waiver of Liability**, issued by Friends for Conservation and Development (FCD) and required to be signed by everyone staying at Las Cuevas Research Station (LCRS) is as follows:

1. To inform all participants of the possible dangers inherent in visiting the surrounding natural environment of LCRS.
2. To secure the voluntary consent of participants to participate in any activities conducted at LCRS 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 FCD and managers of LCRS 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:

- A. Intestinal or other disorders resulting from a change in climate, eating habits, or exposure to foreign beaches, rivers or other bodies of water.
- B. Contracting diseases such as malaria, leishmaniasis, cholera, dysentery, parasites, yellow fever, dengue fever, tuberculosis, hepatitis, and rabies
- C. Snake bites, venomous and non-venomous
- D. Allergic reactions to plants and insects, e.g. poisonwood, mosquitoes, scorpions, doctor flies and other stinging insects
- F. Thorns and prickles from sharp vines and other plants
- G. Sprains, contusions and broken bones
- H. Infected insect bites and systemic infections, including bee stings
- I. Cuts, punctures, abrasions and burns
- J. Injuries due to natural disasters, e.g. falling branches
- K. Vehicular incidents on the road
- L. Injuries due to encounters with wild animals such as wild cats
- M. Lack of immediate medical attention by trained medical personnel

I, the undersigned understand that I agree on the conditions stipulated on this waiver. I fully understand that the LCRS experiences and duties take place outdoors in the Chiquibul Forest, in conditions quite different from the controlled environment and predictability of my town or community. Nature and weather occur on their own schedule, sometimes unexpectedly and beyond any person's control to change. I understand the risks and hazards inherent with the mode of travel and places to which I will travel. These risks include but are not limited to motor vehicle accidents, wildlife related incidents, human encounters and other natural occurrences.

I understand and agree to follow instructions given by personnel at LCRS and agree to follow all rules and regulations of the organization and the protected areas. I understand that it is my responsibility to maintain due diligence and prevent any act of negligence on my behalf that can affect me and those accompanying me.

I indicate that by signing this waiver, I have been informed of the conditions and agree to protect, indemnify, defend, save and hold harmless the Friends for Conservation and Development (FCD), and its staff and employees from any and all claims, liabilities, damages or right of action directly or indirectly arising out of the use of the FCD facilities, equipment and or participation in FCD ran activities and program to which I am participating.

Print name of Participant

Participant's signature

In case of Emergency contact:

Name: _____

Phone: _____

FULL ADDRESS (Street, City, Zip Code): _____
