Participant Registration and Medical Information

Name of Group: _____

Date of Trip ____/_____/_____

Name of participant: _____

Date of Birth ____/_____/_____

Emergency Contact: _____ Phone: _____

Insurance carrier (Required for participation):

_____

Insurance Member/Group Number: _____

Please list any current health conditions (If None, please state "NONE"):

_____
_____
_____

Please explain any significant injuries, including treatment (If None, please state "NONE"):

_____
_____
_____

Are there any fears, special needs, or recent events your life that may impact your experience or behavior during outdoor activities? If so, please explain in detail. (If None, please state "NONE"):

_____
_____
_____

Do you feel that any aspect of your mental or physical health may endanger you, the guides, or other members of the group? Are there any activities that may physically or mentally cause too much exertion or anxiety for you? If so, please explain in detail. (If None, please state "NONE"):

_____
_____
_____

Are there certain situations, conditions, foods, or medications that may trigger a negative reaction in you? (If None, please state "NONE"):

_____
_____

Does you have a history of any of the following medical conditions?

__ fainting   __ headaches   __ seizures   __ stomach aches

__ panic/anxiety attacks   __ asthma or other breathing problems   __   Other

_____

Current Height: _____ Weight: _____ Date of last physical exam: ____/_____/_____

Doctor's Name: _____ Phone Number: _____

Please list any medications that you will take, and any possible side effects that may occur.

_____
_____
_____

Please list the date and reason for any hospitalizations and surgeries.

_____
_____
_____

Do you suffer from any form of sleeping disorder (including insomnia or bed wetting)?

_____ Yes _____ No

If so, please explain and give usual precautions/ treatment:

_____
_____

I certify that the above information is true and accurate according to the best of my knowledge (see below if under 18).

Participants' Name _____

Signature: _____

Date:_____/_____/_____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by MOUNTAIN TREKS to participate in its activities and to use its equipment and facilities, I represent that the Medical History Information that I have carefully filled out above is true, accurate and current, and I further agree to indemnify and hold harmless MOUNTAIN TREKS from any and all claims, liability, damages, causes of action, expenses or costs associated with or which are brought by me, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

*Name of Minor: _____

*Name of Parent/Guardian: _____

*Address: _____City: _____ State: _____ Zip: _____

*Signature of Parent/Guardian: _____ *Date: _____