



Health Form

This questionnaire is not intended as an invasion of privacy, but as a planning and informational instrument for planning this trip. The information will be kept confidential. It is necessary in case of emergencies that may take place on any wilderness trip.

Please complete the form below and either email or mail directly to Earth Spirit along with your deposit payment.

Name _____ Phone Number _____

Address _____ State/Zip _____

Emergency Contact/Name & Phone _____

Are you currently taking any medications? What dosage?

Physician's Name & Phone _____

Are you allergic to anything? _____

Are you allergic to any medication? _____

Do you have any medical condition(s) that may adversely affect you on this trip?

Please explain _____

Current Medical Insurance Carrier _____

Policy Number _____

I am fully vaccinated against COVID-19 according to the CDC definition of full vaccination.

YES _____ NO _____ *(Due to the intimate nature of this trip/accommodations, full vaccination is required for participants and staff)*

Please provide a photocopy of your current COVID-19 vaccination card along with this form.

Are you certified in First Aid/CPR? _____

YES/NO

Certifying Agency/Renewal Date

Realizing that time and urgency may mean the difference between life and death in a wilderness situation, I will follow all directives of the Earth Spirit staff and comply with them immediately. I fully understand that there are dangers inherent with climbing, hiking, backpacking, and other outdoor activities as well as being in bear country. I will carry bear spray when necessary. I agree to participate in these activities knowingly and willfully. I willingly waive and release any liability relating to the undertaking of this trip, taking full responsibility for my actions or inactions.

print name

signature

age

date