



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.

It may be necessary for you to let your next of kin know your whereabouts.

Please leave them a copy of our itinerary.

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 _____

Check if you have experience in any of the following areas:

backpacking _____ rock climbing _____ wilderness travel _____ camping _____

Explain _____

Are you certified in First Aid/CPR? _____

Realizing that time and urgency may mean the difference between life and death in a wilderness situation, I will follow all directives of the staff and guides 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.

name-print

signature

age

date