



Medical Form

Today's Date: _____ Name: _____

Name: _____ Gender: _____ D.O.B. _____

Home Address: _____

Phone: _____ E-mail: _____

Height: _____ Weight: _____ Do You Swim? _____ Blood Type (if known): _____

Please check any that apply:

___ **Asthma** (including exercise induced); do you carry an inhaler? _____

___ **Allergic reactions**; please specify: _____ Do you carry an Anakit or Epipen? _____

___ **Epilepsy or seizure history**; date of most recent incident: _____

___ **Hospitalization/surgery within the last year**; please specify, along with general or local anesthetic:

___ **Regular or recent use of controlled substances** (i.e. prescription medication, recreational drugs, alcohol, tobacco, contraceptives, etc.); please specify: _____

___ **Diabetes**; do you carry insulin? _____

___ **Musculo-skeletal condition**; please specify:

___ **Cardio-respiratory disorder**; please specify:

___ **Any other known physical limitation**;
please specify: _____

___ **Corrective or protective devices**
(glasses, joint braces, contact lenses, orthodontia, etc.); please specify:

Health Insurance Co. Policy No. _____

Phone: _____

Person to notify in case of emergency: _____ Phone: _____

_____ Address _____

Relationship _____

Staff Review (initials and dates):

Agreement to Participate Form

In agreeing to participate in this WILD GUYde Adventure experience, I recognize that the activities of hiking, canoeing, caving, and rock climbing might involve some or all of the following:

- Strenuous travel in rugged natural terrain
- Load carrying (for myself and others)
- Route-finding and navigation challenges in remote areas
- Climbing, crawling, swimming, and walking in places that are high, dark, cold, wet, exposed, or constricted
- Access to advanced medical care that is limited, delayed, or completely absent

I also acknowledge that certain dangers and risks exist. These include, but are not limited to emotional discomfort or bodily injury or death from:

- Equipment failure
- Accident while traveling to or from
- Drowning; water that is fast, cold, or deep activity sites
- Human error or negligence
- Assault by creatures of nature
- Weather-related disaster (snakes, insects, rodents, etc.) (lightning, cold, heat, high wind, etc.) Slips, falls, and other gravity-related mishaps (loose rocks, unstable terrain, treacherous trails) I understand that

types of injuries and discomforts may include but are not limited to:

- Minor or major bone fracture
- Burns (cooking, rope)
- Scrapes, abrasions, lacerations
- Head or body bumps and bruises
- Muscle, tendon, or ligament strains or sprains
- Hypothermia and frostbite
- Allergic reactions, sickness or disease
- Heat-related conditions (heat exhaustion, heatstroke, illnesses and infections sunburn)

I acknowledge the need to follow instructions, to obey rules, to learn thoroughly the practices and precautions of the various activities, and to participate in holding group members accountable to those practices.

I also acknowledge the need for specialized equipment (see equipment and clothing list) and am prepared to outfit myself accordingly. Furthermore, I have honestly disclosed to WILD GUYde Adventures any relevant physical or medical conditions (via the Medical Form).

Photo Waiver: By signing the Participant Agreement, I also hereby waive my rights to any photos or videos of myself taken by WGA personnel for advertising, marketing, or commercial use. I understand that my personal information will not be given out, but that the photos/videos are the property of WILD GUYde Adventures.

My signature below indicates my understanding of the inherent risks in this experience, and my continued willingness to participate:

Name (print)

Signature (parent if participant is under 18)

Date