

Mountain Challenge

PART I. GENERAL INFORMATION

Name _____ Gender: _____
Birth Date: _____ - _____ - _____ Telephone: _____ Height: _____ Weight _____
Address: _____
City: _____ State _____ Zip: _____

PART II. EMERGENCY INFORMATION

In case of emergency contact: _____ Relationship: _____
Home Phone: _____ Business Phone: _____
Insurance Plan: _____
Policy # _____ Telephone: _____

PART III. MEDICAL HISTORY

Do you have any allergies, including food or insect bites? _____ If so, what? _____
Do you take any medications? _____ If so, what? _____
Do you use tobacco? _____ If so, what kind? _____
Do you participate in a regular exercise program? _____ If so, what kind? _____

high blood pressure	YN	PMS/menstrual	YN	eating disorders	YN
intestinal problems	YN	shortness of breath	YN	foot problem	YN
heart problems	YN	muscle cramps	YN	motion sickness	YN
positive TB test	YN	hypoglycemia	YN	circulation problems	YN
seizure disorders	YN	diabetes	YN	temperature intolerance	YN
vision impairment	YN	ulcers	YN	neck problems	YN
broken bones	YN	skin problems	YN	ankle problems	YN
heat stroke	YN	knee problems	YN	currently pregnant	YN
hepatitis	YN	asthma	YN	head injury	YN
hearing impairment	YN	headaches	YN	back problems	YN

Any current problems/concerns we should know about? _____

PART IV. CONSENT

My signature below indicates I understand that during my Mountain Challenge course I may be exposed to above normal risks which may include exposure to heights, moving water, underground environments, extreme weather conditions, and/or wilderness settings. Furthermore, I understand that although Mountain Challenge has taken precautions to provide safe equipment and qualified staff for each course, it is impossible for Mountain Challenge to guarantee absolute safety. I share the responsibility for safety on the course and I assume that responsibility. I agree to comply with the instructions of the Mountain Challenge staff members during the course.

PART V. EMERGENCY CARE AUTHORIZATION

My signature below authorizes Mountain Challenge staff to take measures which in their judgement are reasonable and necessary in the event I require medical attention:

Signature _____ Date _____