

Medical Information and Risk Disclosure Form

Activity/Journey: _____

Date: _____

Guide / Instructor: _____

Acknowledgement of Risk / Acceptance of Liability:

Name		
Address / Email		
Contact person		
Contacts' Address & Telephone		
Age & Medical Info: Please list any medical or physical conditions which may limit your performance		
Current Medications you use (if any)		
Do you have any Special Needs?		
Can you swim?		

PLEASE READ THE FOLLOWING TERMS AND CONDITIONS:

- In any adventure activity there is an element of risk. By signing below you acknowledge that the activity you are about to embark on may present you a higher level of risk than day to day living. Because this is a dynamic activity, the actions of every participant will have direct and indirect effects on the safety and enjoyment of the whole group.
- You accept thatwill not be liable for any personal or property damage, regardless of how this might occur, and without exception, which could result from your participation in this activity.
- Due to the rugged and remote setting of this activity, access to hospital and medical facilities is limited. By signing below you are giving consent for the administration of medical treatment by the instructor / guide and medical personnel in an emergency situation. It is important that you provide a complete account of your medical history on the panel above for these reasons.
- **BY SIGNING BELOW YOU HEREBY CERTIFY THAT YOU UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS AND CONDITIONS, AND UNDERSTAND THAT YOU ARE ULTIMATELY RESPONSIBLE FOR YOUR PERSONAL SAFETY. PLEASE NOTIFYIMMEDIATELY IF YOU HAVE ANY CONCERNS.**

I, _____

I, _____

have read, understood, and accept the above information:

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Signed _____ Date _____

Signed _____ Date _____