

WILDERNESS EXPEDITIONS, INC.

REGISTRATION FORM

Group name: _____ Coordinator's name: _____

Personal Information

Name: _____ Participant's current age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Participant E-mail (very important): _____

Parent/Guardian name(s): _____

Phone: _____ - _____ - _____ Parent E-mail (very important): _____

Release of Liability & User Indemnity Agreement for Wilderness Expeditions, Inc.

I hereby acknowledge that I, or my child, have voluntarily agreed to participate in the activities outfitted by Wilderness Expeditions, Inc.

I understand that the activities and all other hazards and exposures connected with the activities conducted in the outdoors do involve risk and I am cognizant of the risks and dangers inherent with the activities. I (or my child) am (is) fully capable of participating in the activities contracted for and willingly assume the risk of injury as my responsibility whether it is obvious or not.

I understand and agree that any bodily injury, death, or loss of personal property and expenses thereof as a result of my, or my child's, negligence in any scheduled or unscheduled activities associated with Wilderness Expeditions, Inc. are my responsibilities.

I understand that accidents or illness can occur in remote places without medical facilities, physicians, or surgeons, and be exposed to temperature extremes or inclement weather. I further agree and understand that any route or activity chosen may not be of minimum risk, but may have been chosen for its interest and challenge.

I agree to defend, indemnify, and hold harmless Wilderness Expeditions, Inc., the USDA Forest Service, Colorado Parks and Recreation Department, and any and all state or government agencies whose property the activities may be conducted on, and all of their officers, members, affiliated organizations, agents, or employees for any injury or death caused by or resulting from my or my child's participation in the activities, scheduled and unscheduled, whether or not such injury or death was caused by my, or their, negligence or from any other cause. **By signing my initials below, I certify this is a release of liability.**

Adult participant or parent/guardian initial here: _____ (Initials)

Adult Agreement or Parent's/Guardian Agreement for Wilderness Expeditions, Inc.

I understand the nature of the activities may involve the physical demands of hiking over rough terrain, backpacking personal and crew gear, and voluntarily climbing mountains to 14,433 feet in elevation. Having the assurance of my, or my child's, good health through a current physical examination by a medical doctor, I hereby give consent for me, or my child, to participate in the activities outfitted by Wilderness Expeditions, Inc. I have included in this form all necessary medical information about myself, or my child, that should be known by the leadership of the program. I assure my, or my child's, cooperation and assume responsibility for my, or my child's, actions. I understand that I am responsible for any medical expenses incurred in the event of needed medical attention for myself, or my child. I further agree that I will be financially responsible to repair or replace all items lost or abused by myself or my child.

In the event of an emergency, I authorize my consent to any X-ray examination, medical, dental, or surgical diagnosis, treatment, and/or hospital care advised and supervised by a physician, surgeon, or dentist licensed to practice. I understand that the designated next of kin will be contacted as soon as possible. **By signing my initials below, I certify this is a release of liability.**

Adult participant or parent/guardian initial here: _____ (Initials)

WILDERNESS EXPEDITIONS, INC.

MEDICAL FORM

Participant's name: _____

D.O.B.: _____ Age: _____ Gender: Male ___ Female ___ Height: _____ Weight: _____

Health Insurance Company: _____ Policy Number: _____

Personal Physician: _____ Physician's Phone _____ - _____ - _____

Medical History - Check response that accurately describes your health history.

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	Allergies: food, medicines, insects, plants	_____	Hemophilia/bleeding disorder
_____	Asthma/Respiratory problems	_____	Hernia
_____	Do you have an inhaler?	_____	High blood pressure
_____	Cancer/Leukemia	_____	Low blood pressure
_____	Convulsions/seizures/fainting spells	_____	Kidney trouble
_____	Epilepsy	_____	Menstrual problems
_____	Diabetes	_____	Serious illness in the past 12 months
_____	Headaches	_____	Surgery in the past 12 months
_____	Heart trouble	_____	Emotional or mental problems

Explain any "Yes" answers: _____

Note: The staff will not administer any medications, including aspirin, Tums, Tylenol, etc. If you need any over the counter medications, you must provide them. Be sure to tell your staff members what medications you are taking.

List any medications that you will have with you: _____

Note about food: Trail food is by necessity a high carbohydrate, high caloric diet. It is high in wheat, milk products, sugar, corn syrup, and artificial coloring/flavoring. If these food products cause a problem to your diet, **you will be responsible for providing any appropriate substitutions** and advise the staff upon arrival.

♦ **Doctor's signature is required to participate. No other form can be substituted. By signing below a physician is verifying the medical history given above and approving this individual to participate.**

Physician's Evaluation

The applicant will be taking part in strenuous outdoor activities that may include: backpacking, rappelling, hiking at 8-12,000 feet elevation, and an all day summit climb up to 14,433 feet elevation. This will include high altitude, extreme weather, cold water, exposure, fatigue, and remote conditions where medical care cannot be assured.

The applicant is approved for participation.

Physician Signature: _____ Date: _____

Physician Name: _____ Phone Number: _____ - _____ - _____

Office Address: _____ City: _____ State: _____ Zip: _____

Participant or Parent/Guardian Signature – All sections of these forms must be initialed or signed

Individuals who have not completed these forms will not be allowed to participate. I have carefully read all the sections of this agreement, understand its contents, and have initialed all sections of page 1 of this document. I have examined all the information given by myself, or my child. By the signature below, I certify that it is true and correct. Should this form and/or any wording be altered, it will not be accepted and the participant will not be allowed to participate.

X _____	X _____
Participant's signature	Parent or Guardian signature
Date	Date
	(for participants under 18 yrs. of age only)