

## 2009 Registration Form

PLEASE COMPLETE ALL THREE PAGES OF THIS FORM \*\*\* PARENTS & FAMILY PHYSICIAN \*\*\* PLEASE SIGN ON THE THIRD PAGE

### Personal Information (please print)

Name: \_\_\_\_\_ Participant's current age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Parent's e-mail (very important): \_\_\_\_\_

Check One: \_\_\_\_\_ Adult \_\_\_\_\_ College \_\_\_\_\_ Teen (your grade in fall of 2009) 9 10 11 12 2009 H.S. Graduate

Parent's or Guardian's name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

I hereby acknowledge that I, or my child, have voluntarily agreed to participate in the program outfitted by Wilderness Expeditions, Inc. involving the sport of backpacking, mountain climbing, mountaineering, and camping. I understand that the above 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 man-made or natural obstacles, whether they are 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 this program 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)

### Release of Liability and Use Indemnity Agreement for Wilderness Trek Christian Camp, Inc.

I hereby acknowledge that I, or my child, have voluntarily agree to participate in the program arranged by Wilderness Trek Christian Camp, Inc. involving the sport of backpacking, mountain climbing, mountaineering, and camping.

I understand that the above 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 man-made or natural obstacles, whether they are 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 this program 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 Trek Christian Camp, Inc. and its Board of Directors 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/Parent's or Guardian Agreement for Wilderness Expeditions, Inc.

I understand the nature of the program outfitted by Wilderness Expeditions, Inc. involves the physical demands of hiking over rough terrain, backpacking personal, as well as, crew gear, and voluntarily climbing mountains possibly up to 14,500 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 program 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, abused or neglected 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)

### Adult Agreement/Parent's or Guardian Agreement for Wilderness Trek Christian Camp, Inc.

I understand the nature of the program arranged by Wilderness Trek Christian Camp, Inc. involves the physical demands of hiking over rough terrain, backpacking personal, as well as, crew gear, and voluntarily climbing mountains possibly up to 14,500 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 program overseen by Wilderness Trek Christian Camp, 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, abused or neglected 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)

**Medical Section**

Participant's name: \_\_\_\_\_

**All participants must complete the following information:**

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Physician's Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**History**

**Check response that accurately describes your (or your student's) health history. Please explain any "Yes" answer.**

| Yes | No  |   | Yes | No  |                                       |
|-----|-----|---|-----|-----|---------------------------------------|
| ___ | ___ | 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          |

**Explanation of any "Yes" checked above:** \_\_\_\_\_

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

List any over the counter or prescription medications that you will have with you: \_\_\_\_\_

**Note about food on the trail:** 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 need to bring appropriate substitutions and advise the staff upon arrival.

♦ **A doctor's signature is required in order to participate. This form must be used. No other form can be used to replace this one. 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 a strenuous outdoor activity that will include: backpacking, rappelling, five days of hiking at 8-12,000 feet elevation, and an all day summit climb of up to 14,433 feet elevation. This will include high altitude, extreme weather conditions, cold water, exposure, fatigue, and remote conditions where medical care cannot be assured.

**The applicant is approved for participation.**

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
Licensed Physician or Physician's Assistant

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Participant and/or Parent/Guardian Signature – ALL SECTIONS OF THIS FORM MUST BE INITIALED AND SIGNED**

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 of 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. By the signatures below I acknowledge that I have read the crewmember covenant (page 3 of the Participant Handbook) and agree to follow said agreement for myself or my child.

Participant's signature (teen or adult) \_\_\_\_\_ Date \_\_\_\_\_ Parent or Guardian signature, if participant under 18. \_\_\_\_\_ Date \_\_\_\_\_