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# NORTH CASCADES MOUNTAIN GUIDES

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## Confidential Medical History & Client Information – Please Print Legibly

Please answer every question to the best of your knowledge

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ M or F

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax \_\_\_\_\_ Cell phone \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Person to notify in the event of an emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

### Medical Release

I hereby state that I am in good physical and emotional health and I feel that I will be able to complete the activity in which I am to participate. I further acknowledge and understand that mountaineering, rock climbing, mountain biking, hiking, skiing, snowboarding, and all other related adventure sports are, by their very nature, strenuous and will expose me to certain inherent health risks to include, but not limited to, potential threats such as blisters, exhaustion, hypothermia, cardio-pulmonary distress, injuries from falls or from falling objects, illness resulting from exposure to mountain weather, snow, rock, ice and water, and other similar hazards. I further acknowledge that these activities will be emotionally challenging, perhaps beyond and emotional exercise that I have ever experienced. I accept these risks and state that I do not, to the best of my knowledge, have any physical or emotional problems that may negatively influence or prohibit my participation. I also release North Cascades Mountain Guides from any responsibility for any medical or emotional condition that is unknown to me, my physician, or any other person, or from responsibility from a health problem that may arise during the activity, and to provide effective medical support in the event of your illness or injury.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Resting Pulse \_\_\_\_\_

Existing Health Issues / Injuries \_\_\_\_\_

Prescription Medication \_\_\_\_\_

Allergies \_\_\_\_\_

### Statement of Probity

The information provided above is a complete and accurate statement of the physical factors which may affect my participation and I realize that failure to disclose such information could result in harm to myself and my fellow participants. I also understand and agree to follow my guide's direction in all issues describe as affecting my well being and/or that other members of the group; and I further agree to indemnify and hold harmless my guide, the owners, partners, and other employees of North Cascades Mountain Guides or Winthrop Mountain Sports, as well as the management agencies and employees of the lands on which my program will take place.

Signature (or parents' if client is under 18 years of age)

\_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only

Guide Name: \_\_\_\_\_ Client Interests: \_\_\_\_\_

Trip Dates & Description: \_\_\_\_\_

Comments: \_\_\_\_\_

Guide Name: \_\_\_\_\_ Client Ability: \_\_\_\_\_

Trip Dates & Description: \_\_\_\_\_

Comments: \_\_\_\_\_