

**Walking Mountains**  
**ADULT MEDICAL INFORMATION & RISK RELEASE**  
*Please print the following information. Make sure both sides are completed & signed.*

Program Name \_\_\_\_\_ Program Date(s) \_\_\_\_\_  
 Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Insurance Company Name \_\_\_\_\_  
 Phone \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 In case of emergency, what other relative, neighbor, or friend may be called?  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

Although Walking Mountains is academically oriented, some of the activities are quite strenuous if the participant is unfamiliar with such activities or is not in good physical condition. The ability to walk several miles without undue fatigue indicates reasonable physical fitness. Any previous knee or ankle problems, excessive weight, or allergies to food, medicine or insect bites are also of particular concern.

**The following information is important and will help us avoid health or medical problems before they occur.**

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Do you have any allergies?      No      Yes

If yes, please list: \_\_\_\_\_

Do you have allergic reactions to bee stings?      No      Yes

Do you have or have you experienced in the past any of the following problems? If so, please specify type of problem.

Respiratory Problems: \_\_\_\_\_

Heart Condition: \_\_\_\_\_

High Blood Pressure: \_\_\_\_\_

Ankle or Knee Problems: \_\_\_\_\_

Adverse reaction to any medications: \_\_\_\_\_

Other: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Are you using any medication?      No      Yes

If so, what type and dosage? \_\_\_\_\_

What is the medication specifically for? \_\_\_\_\_

Do you have any dietary restrictions? \_\_\_\_\_

If you have any emotional disorders or learning disabilities that may effect your participation in our program, please describe this condition in order that we may better serve you. We are also interested in knowing if you have any fears or phobias that may require special attention. Please attach an additional page if you need more room. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Walking Mountains staff need to know as much information about your medications as possible. This knowledge will assist staff in delivering proper care in case of an emergency. I have filled out the above information to the best of my ability and authorize Walking Mountains staff to obtain or administer medical treatment for me in the event of an emergency.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Participant)

**RELEASE AGREEMENT/INFORMATION OF RISK**

The activities of Walking Mountains may involve strenuous physical exercise, exposure to changing weather conditions, and use of potentially dangerous equipment and tools. They also demand the total attention and responsibility of each participant, either as an individual or part of a cooperating group. In addition, these activities include the inherent risk of fatigue, mental stress, injury or death. Your permission, indicated below, acknowledges these risks, and also entrusts Walking Mountains to apply reasonable restrictions to free time pursuits that maximize safety and enhance our ability to respond to emergency.

The following is a list of *potential activities* which you may be participating in as part of the Walking Mountains program: **backpacking, hiking, games and initiatives, outdoor cooking, conservation project, vehicle travel, night time activities, wilderness travel and survival skills, map and compass, scientific field research, and overnight camping.**

I attest that I have carefully read the information concerning potential risk. I further realize that I am voluntarily responsible for my participation and agree to ask for any necessary clarification concerning the Walking Mountains program and/or activities prior to signing this form.

I, \_\_\_\_\_ (*participant name*), hereby acknowledge the risks associated with the Walking Mountains Program entitled \_\_\_\_\_ and voluntarily wish to participate in it.

I voluntarily elect to assume all risks of loss, damage, injury, including death that may be sustained by me or any property of mine in the course of participation in this program. In consideration of the opportunity afforded me to participate in the above mentioned program I hereby knowingly, freely and voluntarily release, and, moreover, covenant to indemnify and hold harmless Walking Mountains, its Executive Director, Board of Directors, staff and employees from any and all liability, claims, demands or causes of action whatsoever, including claims based on negligence, arising out of any loss to me in the course of or related to, participation in this program or the use of equipment supplied to me in connection with any program.

I give Walking Mountains and their partners permission for reasonable and proper use of any photograph or video taken of me or my child or any written or verbal statement made by me or my child during or pertaining to this program.

I have carefully reviewed the above list of activities, and I agree to participate in or undertake only those for which I have the ability. I further acknowledge the supervisory role of Walking Mountains staff in ensuring my safety despite my own perceived abilities or desire for autonomy.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(*participant*)

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**PRE-EXISTING CONDITIONS ONLY**

If you have a pre-existing condition that might be affected by participation in an active outdoor program at elevations exceeding 8,000 feet above sea level, please describe this condition and have a Physician fill out and sign all sections below. *Fill this section out only if you believe that you may have such a pre-existing condition.*

Description of Condition: \_\_\_\_\_

Medication taken, dosage, and timing: \_\_\_\_\_

Other special instructions or precautions: \_\_\_\_\_

Physician's statement:

I \_\_\_\_\_ have examined \_\_\_\_\_  
(*please print*) (*participant name*)

and recommend that she/he can participate in Walking Mountains programs.

Signed \_\_\_\_\_ Date \_\_\_\_\_