



Adventure Programs
Medical Information Form

Name: _____ **Date:** _____
Child's Name _____ **Program:** _____
Permanent Address: _____ **Phone:** _____
City: _____ **State:** _____ **Zip:** _____
Where are you staying while in the Valley? _____ **Local Phone:** _____
E-mail address: _____
Date of Birth: _____ **Height:** _____ **Weight:** _____

Have you/your child had a physical examination in the last year?
Yes No

Do you/your child have any physical conditions or problems that might hinder participation in strenuous outdoor activities? (ie. heart condition) If yes, please explain.

Yes No

Do you/ your child have any conditions or allergies which might occur and/or be aggravated in the field (e.g., bee stings, pollen, previous frostbite, diabetes, etc.)? If yes, indicate condition and explain treatment.

Yes No

Are you/your child presently taking any medication? If yes, state the medication, its need, and possible side effects.

Yes No

In the event that you/your child should become unconscious and medical care should be rendered, are there any drug allergies (e.g., penicillin) or other medical conditions that we should know about? If yes please explain.

Yes No

Do you/ your child wear glasses and/or contact lenses? _____ Glasses ContactsBoth

Are there any other physical conditions we should be aware of? (ie. knee problem) If yes, explain.

Yes No

Is there anything that we, as leaders, should know in order to provide the best of care for you/your child as an individual (e.g., fears, emotional trauma, past experiences)? Please explain.

Who is your local doctor? _____ Phone: _____

Who should we contact in an emergency? _____ Phone: _____



Waiver of Liability

I, _____, for myself, my heirs, executors, and administrators, relieve and forever discharge Clearwater Sports, Inc., officers of Clearwater Sports, Inc., and instructors and guides connected with Clearwater Sports, Inc., of any claims for injuries or losses to any person or my equipment which may occur during, in direct preparation for, or in travel to or from any activity sanctioned by Clearwater Sports, Inc. This waiver of liability applies to any negligent act or omission, and any intentional act to protect my safety and well-being.

I further understand there are inherent dangers involved with canoeing, kayaking, backcountry skiing, snowshoeing, and camping. These dangers are significantly increased on water courses where there are rapids and/or in adverse weather conditions and/or in remote locations. Further, there are frequently encountered unplanned or uncontrolled situations that might require immediate actions in order to protect the best interests of all participants.

This waiver is extended to any or all property owners upon whose property sanctioned activities take place.

Signature _____ Date _____

Gratuities are welcome, but not required

Parents of Minors

I give my permission for _____ to participate in sanctioned activities of Clearwater Sports, Inc. I waive the rights described above with respect to the named minor, and I agree to indemnify or hold harmless all parties named above from any claims arising from the participation of the named minor.

Signature _____ Date _____

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802-496-2708

Store Hours: Monday-Friday 10:00 – 6:00

Saturday 9:00 – 6:00

Sunday 10:00 – 5:00

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