

REGISTRATION FORM

EXUM MOUNTAIN GUIDES

Family members living at the same address and covered under the same medical insurance may fill out one form.

For Office Use Only (Activity Dates)

Today's Date _____

Participant Name _____ Birthdate _____

Name #2 (if applicable) _____ Birthdate _____

Name #3 (if applicable) _____ Birthdate _____

Name #4 (if applicable) _____ Birthdate _____

Street Address _____

City _____ State _____ Zip _____

Phone: Cell _____ Home _____ Work _____

Emergency Contact: Name _____ Phone _____

Employer(s): _____

The employees of Exum Mountain Guides are not qualified to evaluate medical conditions. The following information is very important in the event of an injury or emergency. If you have any questions regarding your participation in any activities we strongly suggest that you obtain your doctor's approval.

Do you, or any climber/s listed above, have any physical or medical conditions that could affect your/their ability to fully participate in the climbing activity in which you are enrolled? Yes No

Do you, or any climber/s listed above, have any serious allergies? Yes No

Are you, or any climber/s listed above, taking any medication for the above conditions? Yes No

If yes to any of the above questions, please complete the following:

Name(s) of climber/s with physical or medical conditions/allergies/taking medications: _____

Explanation of conditions/allergies/medications: _____

Do you, and the other climber/s listed above, have medical insurance? Yes No

Name of company _____

I understand that: 1) the use of alcohol or drugs is prohibited before and during all activities, 2) possession of firearms is prohibited during any activity or in any Exum building, and 3) participation in this activity grants Exum Mountain Guides permission to use any photographs and/or videos of me, or my minor children, for marketing purposes. If you have any concerns, please see the office staff.

Signature _____ Date _____

(Parent signature if under 18)