

REGISTRATION FORM
EXUM MOUNTAIN GUIDES

For Office Use (Activity Dates) _____ _____

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

Today's Date _____

Name _____ Birthdate _____

Name #2 (if applicable) _____ Birthdate _____

Name #3 (if applicable) _____ Birthdate _____

Name #4 (if applicable) _____ Birthdate _____

Name #5 (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 other climbers listed above) have any physical or medical conditions? Yes No

Are you (or other climbers listed above) taking any medication? Yes No

Do you (or other climbers listed above) have any allergies? Yes No

Name(s) of climbers with medical conditions/taking medications/allergies _____

Please explain (what, why) _____

Do you (and the other climbers listed above) have medical insurance? Yes No

Name of company _____

The use of alcohol or drugs is prohibited before and during all activities. Possession of firearms is prohibited during any activity or in any Exum building.

Signature _____ Date _____

(Parent signature if under 18)