

**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 \_\_\_\_\_

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: \_\_\_\_\_

Please explain: \_\_\_\_\_

Do you, and the other climber/s 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)