

Alpine Adventures 2016/2017 Medical/Dental Information Request, General Policies and Medical/Dental Release Agreement

Participants Name _____ Birth Date _____
Participants Full Legal Name _____
Phone (Hm.) _____ (Day) _____
Street _____
City _____ State _____ Zip _____
If a minor, parent's full legal name _____

I understand and agree that; there are no refunds for missed trips or any unused portion of any trip; rates and specifications are subject to change; additional fees may be required should additional costs or fuel surcharges be imposed by sub-contractors or suppliers; rainchecks will be issued should Alpine Adventures be unable to operate any trip or program due to circumstances beyond their control.

The following information is to be provided by this participant:

Participants Full Legal Name _____
Participants Birth Date _____ Last Tetanus Toxoid Booster _____
Special Medications _____
Pertinent Medical Information _____
Pertinent Dental Information _____
Allergies to Drugs _____
Allergies to Food _____
Medical Insurance Company _____
Policy # _____
Dental Insurance Company _____
Policy # _____
Emergency contact person #1 _____
Phone # _____
Alternate Phone # _____
Emergency contact person #2 _____
Phone # _____
Alternate Phone # _____

All minor participants must include a 2X3 photograph of themselves taken within the past six months. Adult participants are requested to include a 2X3 photograph.

I represent that the above medical information is complete and accurate for this participant, and that this participant is qualified, in good health and in proper physical condition to participate in these Alpine Adventures activities.

In case of emergency, I hereby give my permission to the staff of Alpine Adventures, to order rescue and/or treatment for this participant as recommended by any rescue, and/or medical personnel. This includes any medical and/or dental attention, anesthetic, special transportation, X-rays, medical, dental or surgical diagnosis, and search and rescue. I also agree to allow the staff of Alpine Adventures to have full access to my relevant medical information and to that extent waive my **HIPPA** privacy protection. I hereby agree to freely, voluntarily, and expressly **ASSUME** and accept **ALL RESPONSIBILITY** for any and all fees and costs associated with the participant's injuries, rescue and/or treatment as so ordered by the staff of Alpine Adventures. I **RELEASE** Alpine Adventures and its staff from and indemnify them for any and all responsibility and liability for any such fees, costs and/or injuries. This consent shall be effective until December 31, 2017.

Signature of Participant

Date

Signature of Parent/Guardian if Participant Is A Minor

Date