



## Medical Information & Consent

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

Please list any medications that you are taking: \_\_\_\_\_  
\_\_\_\_\_

### DO YOU HAVE A HISTORY OF:

- |   |                 |
|---|-----------------|
| <b>1. Cardiac (Heart) Problems</b>      | <b>Yes / No</b> |
| <b>2. Diabetes</b>                      | <b>Yes / No</b> |
| <b>3. Respiratory Problems / Asthma</b> | <b>Yes / No</b> |
| <b>4. Spinal / Head Injuries</b>        | <b>Yes / No</b> |
| <b>5. Epilepsy</b>                      | <b>Yes / No</b> |
| <b>6. Shoulder Dislocation(s)</b>       | <b>Yes / No</b> |

If yes to any of the above, please explain in detail here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other medical conditions (not listed above) that we need to know about in case of an emergency? Please Explain. \_\_\_\_\_  
\_\_\_\_\_

Do you have any medical or environmental allergies? If so, how severe? What happens if exposed? Date of last exposure. \_\_\_\_\_  
\_\_\_\_\_

Do you have any physical limitations that could affect you participation in this program? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

I hereby consent to any hospital care or medical or surgical diagnosis or first aid activities with Steamboat Mountain Guides, LLC dba Rocky Mountain Ventures and their agents, if I am not able to give my written consent due to unconsciousness, disorientation or other mental incapacity.

I understand and agree that I am solely responsible for all appropriate charges for such services and that Steamboat Mountain Guides, LLC dba Rocky Mountain Ventures and their agents are under no duty to provide any first aid or medical treatment.

X \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE (PRINT NAME)