

**WAIVER**

I authorize the below-named person to participate in strenuous outdoor backcountry activities with all associated inherent risks. I agree to release, discharge, indemnify and hold Chris Toy, their agents and employees harmless from any liability claims, demands, costs or damages associated with these activities and associated risks.

**PHOTO RELEASE**

I understand that any photographs taken during these programs may be used by Chris Toy for promotional purposes.

**MEDICAL RELEASE**

I authorize that the below-named person may receive emergency medical treatment, including transportation and hospitalization, if needed. I certify that the participant is in good health and that there is no limit to his/her participation.

Participant Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_ Phone \_\_\_\_\_

If Participant is under 18 years of age the Parent, Guardian, or Custodian must sign below

Parent, Guardian, or Custodian Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

Minor's Name Printed \_\_\_\_\_

**Confidential Emergency Medical Information**

Last Name	First Name	Gender:	Age:
Street	Town	State:	
Phone#1	Phone#2	Email:	
Insurance Company	Policy #	Address	
Physician	Physician Phone	DOB	
Emergency Person	Emergency Phone	Relationship	
2 <sup>nd</sup> Emergency Person	2 <sup>nd</sup> Emergency Phone	Relationship	
Swimming ability <i>low - medium - high</i>	Comfort Outdoors <i>low - medium - high</i>	Hiking Stamina <i>low - medium - high</i>	

**The following confidential medical information will only be used by first responders in the case of an emergency**

Food, drug, or other allergies \_\_\_\_\_

Type, dosage, and frequency of medications \_\_\_\_\_

Medical and/or physical conditions \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Contact lenses? \_\_\_\_\_ Pregnant? \_\_\_\_\_

**Dietary requirements and preferences**

Food types to avoid \_\_\_\_\_

\_\_\_\_\_