



**SWS Mountain Guides**

**110 Alpine St.**

**Mt. Shasta, CA 96067**

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**Phone: 888.797.6867**

**Participants Information & Medical Data**

This information is an important way for us to ensure an enjoyable experience for you. If you have any questions about your ability to safely complete a program, please give us a call to discuss it with you. Please return this form with your acknowledgement of risks form to SWS Mountain Guides at the above address/fax or email. **All information is confidential**

**Trip Name & Trip Date:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_  
Last Middle First

Address: \_\_\_\_\_  
Street Address City State Zip Country

Cell Phone/Primary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Contact in the Event of an Emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Country

Cell Phone/Primary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please tell us about any medical problems or conditions you have. Please use the reverse side if needed:**

**Do you have any sensitivity to medications, antibiotics, insects (bee stings), or foods? YES/NO**

**If yes please list; use the reverse side if needed:**

**Do you have any of the following Health Problems or Conditions? YES/NO**

**(Please circle and explain)** Altitude Sickness Asthma Chronic Back Problems Knee Epilepsy Migraine

Cold or Heat Intolerance Heart Problems/ Conditions High Blood Pressure Overweight Painful Menstruation  
Other

**Explain:**

**Dietary Considerations (please circle):** Everything OK No beef/ Chicken and Fish Ok Vegetarian (Cheese/Eggs Ok) Vegan Other ( Explain):

**Please explain any prescriptions you need to take while on the course and describe use. Use the reverse side if needed:**

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**To the best of my knowledge, I am in good health and understand the physical nature of the trip I am about to participate in:** Date: \_\_\_/\_\_\_/\_\_\_ Signature: \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Print Name of Parent or Guardian: \_\_\_\_\_  
(if under 18 years of age):

**I have also received, read, fully understand and agree to SWS Mountain Guide aka Sierra Wilderness Seminars Inc. Cancellation and Refund Policy as contained in my course package. Please Initial: \_\_\_\_\_**

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