



### FLEXPEDITIONS INC. – MEDICAL FORM

In order to participate in all of the activities, please fill out the form below and return it to the lead Flexpeditions organizer. Please remember that being as detailed as possible, and giving full-disclosure allows us to care properly for our participants and staff. Thank you for taking this time to fill out the paperwork.

Name:	Date of Birth:
Email:	Phone:
Permanent Address:	City:
Province:	Postal Code:
Health Card Card #:	
Medical Info (Allergies, etc):	Dietary Restrictions:
Family Physician:	Physician Phone Number:
Emergency Contact:	Relation to Participant:
Participant's Weight:	Participant's Height:

**PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH:**  
**CONSIDERING that the participant is requesting to participate in the following activity:**

#### **THE UNDERSIGNED PARTICIPANT DECLARES THE FOLLOWING:**

- 1) The outfitter has explained, illustrated and/ or demonstrated to my satisfaction the nature, risks and dangers of the above mentioned "Adventure Activity", and I accept these risks; \_\_\_ x
- 2) I am aware that the activity that I am about to participate is physically demanding and dangerous and the possibility of injury, loss, trauma, sudden cardiac arrest, crippling, drowning or death exists; \_\_\_ x
- 3) I declare my intention to participate in these activities is at my own risk and I specifically release the outfitter from any responsibility regarding any loss or damage I might suffer; \_\_\_ x
- 4) I declare that I am not under the influence of alcohol or other drugs and that I will not partake in the use of any for the duration of the activity; \_\_\_ x
- 5) I will follow and comply with each and all instructions given by the outfitter, its guides, instructors or any of its employees; \_\_\_ x
- 6) I accept responsibility for any expenses incurred on my behalf or as a result of my actions \_\_\_ x

***Please copy out the following statement in your own handwriting:***

**I DECLARE THAT I HAVE READ, UNDERSTAND AND ACCEPT EACH PARAGRAPH OF THIS AGREEMENT.**

Print Name: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_

Witness – Signature of Flexpeditions Staff only: \_\_\_\_\_



**MEDICAL QUESTIONNAIRE**

- A) DO YOU SUFFER FROM OR HAVE YOU SUFFERED...? YES NO
- HEART DISEASE (angina, stroke, or other) ..... — —
- EPILEPSY..... — —
- BLEEDING PROBLEMS ..... — —
- DIABETES..... — —
- ASTHMA ..... — —
- DEBILITATING SPORTS INJURY (please explain)..... — —
- MIGRAINE HEADACHES ..... — —

- B) DO YOU SUFFER FROM OR HAVE YOU SUFFERED?  
SERIOUS ALLERGIES (including nuts, peanuts, biting insects, or any others) ..... — —

If yes, please describe:

- C) HAVE YOU EVER SUFFERED OR DO YOU SUFFER FROM ANY OTHER MEDICAL ISSUE THAT MAY AFFECT YOU ON YOUR COURSE? ..... — —

If yes, please describe:

- D) ARE YOU PRESENTLY TAKING ANY MEDICATION WHICH COULD ALTER YOUR PHYSICAL OR MENTAL FACULTIES? ..... — —

If yes, do you have your medication with you? ..... — —  
(e.g. EpiPen, asthma inhaler, glucose) Please specify :

**If you answered yes to any of the above, you are obligated to advise your guide before participating in the activity.**

**PHOTO RELEASE**

I grant Flexpeditions and the professional photographers associated with Flexpeditions to use any photographs and/or videos in which I may appear without any compensation.

- YES  
 NO

Participant's Name \_\_\_\_\_

Participants Signature \_\_\_\_\_

Date \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS FLEXPEDITIONS PROGRAM? \_\_\_\_\_