



SWS Mountain Guides
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Phone: 888.797.6867 / Fax: 877.797.6867

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**

Course Name & Date: _____

Name: _____ **Date of Birth:** ____/____/____
Last 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 Kosher 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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