



1458 Zion Park Blvd.
 P.O. Box 623 Springdale, UT 84767
 435-772-3303
 www.zionrockguides.com

Medical Release

Participant Information:
 Full Name _____ Date of Birth: ____ / ____ / ____
 Street/Apt _____
 City _____ State _____ Zip _____
 Home Phone ____ - ____ - _____ Other Phone ____ - ____ - _____

Emergency Information:
 Contact Name _____ Relationship _____
 Emer. Phone ____ - ____ - _____ Other Emer. Phone ____ - ____ - _____

Medical Information:
 Medical Insurance Company _____
 Policy Number _____ Group Number _____

Condition	No	Yes	Condition	No	Yes
Vision or hearing impairment			Diagnosed mental illness		
Broken bones			Severe anxiety or depression		
Severe sprains			High blood pressure		
Neck or shoulder problems			Heart disease		
Back or spine problems			Seizures		
Foot or ankle problem			Asthma		
Leg or knee problem			Diabetes		
Arm or hand problem			Chronic headaches		
Intestinal problem			Shortness of Breath		
Urinary tract problem			Chest Pain		
muscle impairment			Women-are you pregnant?		
Hospitalization past year					

Please provide further information for any "Yes" responses.

Please list any allergies or prescription medications you are taking.

Medical Waiver Information
 I hereby certify that the information provided herein is accurate and I the participant is in good physical condition to participate in the required activities. If medical attention is needed for illness or injury during the program, permission is given for such care under said health insurance coverage stipulations. We understand that Zion Rock and Mountain Guides need not provide payment of any medical fees incurred during the program.

Participant Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____