

Wilderness Way Adventures (WWA)

Liability Waiver and Medical Statement

I, (print first and last name) _____, understand outdoor activities can be dangerous, and I will therefore exercise common sense safety procedures. I will also abide by the safety rules outlined and enforced by WWA. I assume full responsibility for my health and well being. I will not participate in activities that exceed my abilities. If I should become sick or injured during training I will not hold WWA, the US Forest Service, or the BLM liable, nor will I sue them in a court of law.

(participant) _____ (date)

(parent) _____ (date)

I currently have the necessary medical insurance to cover my needs should I become sick or injured during outdoor training.

Company Name: _____

Effective Dates: _____ Policy Number: _____

Medical Status (please list health conditions and medications):

Medical Allergies (please list medication allergies):

I consent to receive basic emergency medical care and treatment by WWA staff should I become sick or injured during field training.

(participant) _____ (date)

(parent) _____ (date)

In case of an emergency, please contact:

Name and Relation: _____ Phone: _____