

**William S. McClellan**  
**DBA/McClellan's Maine Guided Trips**  
**HEALTH STATEMENT AND EMERGENCY CONTACT**

Participant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Program date: \_\_\_\_\_

Program Type: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (If different than above.) \_\_\_\_\_

**HEALTH STATEMENT**

This trip/activity involves participation in outdoor activities, which are, by their nature, physically and mentally demanding. Therefore, all participants must be free of medical or physical conditions, which might create undue risk to themselves or to others who depend upon them. If there is any doubt whatsoever about your ability to safely participate in this activity, you should have a physical examination by a physician. William S. McClellan DBA McClellan's *Maine Guided Trips* may also require a physician's consent as a precondition for participation. I declare that I am in good physical health and that I believe that I am able without reservation or limiting conditions to physically withstand and cope with the indicated rigors of this adventure.

**CONSENT TO TREATMENT**

I hereby consent to any hospital or medical or surgical diagnosis or first aid activities with William S. McClellan DBA McClellan's *Maine Guided Trips* and its agents, if I am not able at that time to give my written consent due to unconsciousness, disorientation or other mental incapacity. I also understand and agree that I am solely responsible for all appropriate charges for such services and that its agents are under no duty to provide any first aid or medical treatment in any event. My signature indicates that I have read and understand the above.

**CONSENT TO TREATMENT OF A MINOR**

I authorize William S. McClellan DBA McClellan's *Maine Guided Trips* personnel to call for medical care or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, the minor needs medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that once the minor is in the care of medical personnel or a medical facility, William S. McClellan DBA McClellan's *Maine Guided Trips* shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

1. Do you have any physical disabilities, conditions, past injuries or any other physical limitation that you have which could affect your participation in any way?  No  Yes (Please explain)

2. Do you have any pertinent allergies or medications?  No  Yes (Please explain)

3. Do you have any dietary restrictions?  No  Yes (Please explain)

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4. Describe your current physical fitness and level of activity:

5. Do you carry medical insurance?  No  Yes (Please provide provider)

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

*If participant is under 18 years of age, must also be signed by parent or legal guardian.*

**Parent or legal guardian signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Reviewed by:** \_\_\_\_\_