

William S. McClellan
DBA/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 *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 *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 *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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maineguidedtrips@gmail.com

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William S. McClellan DBA/Maine Guided Trips

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

5. Do you carry medical insurance? No Yes

6. Insurance Provider _____ Policy # _____

Insurance Phone # _____

Note: Medical insurance information to be used ONLY in case of a medical emergency, and to streamline the admitting process should you need to be taken to the hospital.

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:** _____