1458 Zion Park Blvd.
P.O. Box 623 Springdale, UT 84767
435-772-3303
Fax: 435-772-3133
www.zionrockguides.com
www.bikingzion.com

Medical Release

Participant Information--- Party Name:_____ Trip Date:_____
Full Name _____Date of Birth: ____ / ____ / ____ Age:____
Street/Apt _____
City _____ State _____ Zip _____
Email Address_____
Home Phone _____-_____-_____ Other Phone _____-_____-_____
Height_____ Weight_____ Shoe Size _____ Waist Size_____

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			Other:_____		

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/Bike Zion need not provide payment of any medical fees incurred during the program.

Participant Signature _____ Date _____

Parent/Guardian Signature _____Date _____