

Hurricane Creek Llama Treks, Inc. Medical & Safety Information
Please fill out both sides of this form and return in enclosed envelope as soon as possible

On many backcountry trips we travel at high elevations, in relatively isolated areas where medical help may be a long way off. This fact makes it very important that we have as much information as possible about your physical condition. Medical conditions included here do not disqualify you from taking part in trips. Accurate medical information is for your safety.

The physical demands of a trip into the mountains can be rigorous and usually require more than the amount of exertion to which you may be accustomed in your daily routine. Although our trips are not overly strenuous, they do require use of your body. If you have heart trouble, or have a disabled knee, ankle or back, you should have a realistic attitude as to your physical capabilities. **If you are generally healthy but a little out of shape, preconditioning is highly recommended.** We also recommend that if you have not had a checkup recently, you see your physician before the trip.

Name: _____ Age: _____
Mailing address: _____ E-mail: _____
City, State, Zip Code _____ Home Phone: _____
Your Physician: _____ Office Phone: _____
Person to notify in case of accident: _____ Phone: _____
Date of last physical exam: _____ Date of last tetanus shot (if known): _____ Blood type(if known): _____

Are you allergic to any drugs? _____

Are you allergic to insect stings? _____ *If yes, please bring an epi-kit (consult your physician) and carry it with you at all times.*

Do you have any dietary restrictions? _____

Are you taking any prescription medicine, and if so what? _____

Please note any medical problems that you are presently being treated for _____

Please note any pre-existing medical conditions _____

Health Insurance Information-- Provider name: _____ Policy # _____

It is recommended that every participant have personal health & accident insurance. If you do not have a policy, short term travel insurance is available from any travel agent or you may call CSA Travel Protection at 1(800)348-9505.

If driving to Wallowa county would you be willing to share a ride with another trip participant?

I would rate my previous outdoor experience as: (circle mosst applicable)
•lots of hiking/camping •some hiking/camping •not much hiking/camping •novice hiker/camper

I will be bringing my own sleeping pad _____ and/or lightweight tent (<7 lbs. SINGLE/ <10 lbs. SHARED) _____

Do you have any special interests/expectations for this trip that you wish to let us know about?

Please assist us by returning completed form today.
Thank you for your cooperation in our effort to ensure you a safe & pleasant trip!

PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGEMENT OF RISK

In consideration of the services of Hurricane Creek Llama Treks, Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "H.C.L.T."), I hereby agree to release and discharge H.C.L.T., on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that llama packing and hiking entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: the hazards of traveling in a wilderness area through rough terrain and water and the forces of nature, weather conditions; contact with plants or animals; condition of roads, trails, or terrain and accidents connected with their use; behavior, death or illness of pack animals.

Furthermore, H.C.L.T. guides have difficult jobs to perform. They seek safety, but they are not infallible. They might be ignorant of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless H.C.L.T. from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of H.C.L.T.'s equipment or facilities, **including any such Claims which allege negligent acts or omissions of H.C.L.T.**

4. Should H.C.L.T. or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume -- and bear the costs of -- all risks that may be created, directly or indirectly, by any such condition.

6. /In the event that I file a lawsuit against H.C.L.T., I agree to do so solely in the state of Oregon, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against H.C.L.T. on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____

Print Name: _____

Date: _____

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

In consideration of _____ (print minor's name) ("Minor") being permitted by H.C.L.T. to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless H.C.L.T. from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____