

WILDERNESS TREK CHRISTIAN CAMP, INC.

Doctor Release

Should this application and agreement or any wording found herein be altered, it will not be accepted and the participant will not be allowed to participate in WTCC's programs and activities.

Participant Information (please print)

Name: _____ Age: _____ DOB: _____
(First, Middle, Last)

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____

Physician Evaluation: A licensed medical physician's signature is required in order to participate in WTCC's programs and activities. This form must be used. No other form can be used to replace this one.

Participation in WTCC's programs and activities involves strenuous outdoor activities. By participating in WTCC programs Participants will be subject to prolonged exposure over multiple days to the elements in remote locations where traditional shelter facilities, medical resources or modern conveniences will not be available. WTCC programs' activities may include but may not be limited to the following: backpacking, rappelling, rock climbing, multiple days of hiking at elevations between 5,000 and 14,500 feet, rafting, overnight camping at high elevations, camping in arid or desert conditions, canyoneering, etc. WTCC's programs and activities are conducted in remote outdoor locations in uninhabited or sparsely populated areas including but not limited to: deserts, canyons, and at altitudes exceeding 7,000 feet that experience extreme weather conditions where readily available medical care cannot be assured. This information should be considered in evaluating a Participant's ability to participate in WTCC's programs.

I hereby affirm that upon examination of the information provided to me by the participant, there are no restrictions or limitations to participation in WTCC's programs and activities.

Signed: _____ Date: _____
Licensed Physician

Name: _____ Phone Number: (_____) _____ - _____

Office Address: _____ City: _____ State: _____ Zip: _____

Email: _____