

Outfitter & Guide
Medical and Physical Condition Standard Information Form

I, _____ (Client), as lawful consideration for contracting with T Bar M Outfitters LLC (Outfitter), furnish the following medical, health, and dietary information to Outfitter, which I state to be true and correct, and I accept responsibility for failure to disclose any condition or not fully stating such condition. I understand that I must furnish complete information, to include physician's reports, if the conditions would otherwise be considered to be detrimental to my health if not disclosed. I will attach other sheets, if necessary, to fully disclose my condition(s).

Age: _____ Weight: _____ Height: _____

Have you ever had or been diagnosed as having coronary artery disease? ___ Yes ___ No. If yes, describe any limitations on activities, medications or other relevant information:

Do you suffer from?

High blood pressure or any other diagnosed condition? ___ Yes ___ No. If yes, describe any limitations on activities, medications or other relevant information:

Any other condition that requires the taking of daily medications or carrying of special medication or equipment? ___ Yes ___ No. If yes, describe condition, medications or equipment required, any restrictions caused by the same, and any special instructions or prescribed treatment required by the Outfitter:

Allergies (including allergic reactions to specific medications) or other physical condition that require special attention or medication? ___ Yes ___ No. If yes, describe condition and /or medication.

Dietary restriction? ___ Yes ___ No. If yes, describe: _____

Name and phone number of attending physician: _____

Notification of attending physician of implied risk. Date: _____

I hereby release T Bar M Outfitters LLC and their assigns to provide said medical information for my treatment.

Client Signature/Date

Witness Signature/Date

Printed Name

Printed Name