



**MEDICAL INFORMATION & LIABILITY RELEASE**  
For 1-day Courses at Donner Pass & Lake Tahoe

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Course: \_\_\_\_\_ Date: \_\_\_\_\_

**Please list all Medical Conditions:**

\_\_\_\_\_  
\_\_\_\_\_

**Please list any medications you are currently taking:** (Specify med and its purpose)

\_\_\_\_\_

**Who to contact in case of an emergency:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Release and Assumption of Risks:**

I am aware that during the rock climbing course, mountain trip, or any other program or activity that I am participating in under the arrangement of *Alpine Skills International*, certain risks and dangers exist including, but not limited to, travel by automobile or other conveyance, travel in mountainous terrain, the forces of nature, accident, injury, illness, paralysis or death in remote places without rapid means of evacuation or medical facilities.

In consideration of, and as part payment for, the right to participate in such course, mountain trip or activities, and services and food arranged for me by *Alpine Skills International*, its instructors, guides, agents and associates, I have and do hereby assume all of the above risks and will hold them harmless from any and all responsibility, actions or suits of any kind or nature whatsoever for loss or damage to property or personal injuries sustained or occurring during any course, guided trip, or activity of any nature. This shall serve as release and assumption of risk for me, my heirs, administrators, executors, and for all members of my family including minors who may be accompanying me. I agree that if I sue or make any claims against *Alpine Skills International* in violation of this waiver, I shall be liable to *Alpine Skills International* for all costs and attorneys' fees incurred by *Alpine Skills International* in defending itself from such action or claim.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Parent or Legal Guardian if under 18 years of age:**

\_\_\_\_\_ Date: \_\_\_\_\_