

## MEDICAL RELEASE FORM

Please fill out in detail, sign and return to:

Southwest Literary Center: 826 Camino del Monte Rey, Santa Fe, NM 87505

### GENERAL INFORMATION

We urge you to be completely thorough with the information requested in order to help us ensure a safe experience for each client. It is the Southwest Literary Center and MokiTrek's intention to take all reasonable precautions and minimize risks by having the client and his or her physician know the demands of the activities during the trip. **We must be aware of all medical conditions that may present a problem during the trip.** If there is any question concerning your physical condition, ability or history in health, we ask that you have a complete physical prior to the trip.

### PERSONAL DATA (One form to be completed by each participant)

TRIP DATES \_\_\_\_\_ TRIP NAME \_\_\_\_\_

NAME \_\_\_\_\_ SEX: M [ ] F [ ]

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

AGE \_\_\_\_\_ DOB \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMAIL \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF ILLNES OR INJURY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

MEDICAL INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

**Participants should be covered by their own health and accident insurance.**

### CONSENT TO MEDICAL TREATMENT

I hereby consent to any emergency care, hospital care, medical and surgical diagnosis and/ or treatment to be rendered to me as found advisable for any injuries that may arise from my participation in an activity with the Southwest Literary Center/MokiTreks. I understand and agree that I am solely responsible for all applicable charges for such medical treatment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_