

MEDICAL CONDITION RELEASE

Montana Whitewater Inc. has successfully served many people over the years who have had a variety of physical or medical challenges. In order to give the best service possible, we must be informed of any conditions that our clients may have. Failure to disclose this information could result in serious harm to a participant. All information remains strictly confidential. We thank you for your honesty.

You may not participate in Montana Whitewater Activities if you are:

- *Under the influence of alcohol*
- *Under the influence of any mind altering drug or medication*

Do you or your minor have any medical conditions that may affect health and safety as a participant?

PLEASE INITIAL ALL APPLICABLE

Heart Condition (i.e. high blood pressure, heart attack, heart surgery)

Allergies _____

Diabetes

Pregnant

Asthma

Recent Illness, Surgery or Accidents

Mobility Concerns

Hearing or Visual Impairment

Other _____

Prescription medications _____

Explanation of Conditions checked above:

No Medical Conditions

MONTANA WHITEWATER INC. and its owners, agents, officers and employees are not qualified to evaluate you or your minor's fitness for our trips. You must determine if you or your minor are sufficiently fit to participate.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify MWW and its owners, agents, officers, and employees from any and all claims, actions, or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may result from any medical condition I might have.

Participants Signature (Age 18 and older)

Printed Name

Date

Parent or Guardian's Additional Indemnification (For participants under the age of 18)

This is to certify that I, as parent/guardian, do consent and agree to my child's release as provided above as well as for myself, him/herself, our heirs, assigns and next of kin. I release and agree to indemnify and hold harmless MWW from any and all liabilities incident to my minor's involvement or participation in these activities as provided above that may result from the above noted medical conditions, even if arising from the negligence of MWW, to the fullest extent permitted by the law.

Signature of Parent/Guardian

Printed Name

Date