



TEXAS MOUNTAINEERS

Medical Information, Authorization and Release

Name: _____ Date of Birth (Age): _____(____)

Address: _____ Telephone: _____

City & Zip: _____ Soc. Sec. No.: _____

Physician Name: _____ Telephone: _____

Allergies: _____

Medications: _____

Medical Conditions & History (Asthma, Diabetes, Epilepsy, Heart Murmur, Physical Restrictions, etc.):

Health Insurance Company: _____

Insurance Company Address: _____

Group No.: _____ Policy No.: _____

In Case of Emergency Contact: _____

Telephone Numbers: Day: _____ Night: _____

Medical Authorization and Release

I understand that **many of the programs and activities of the Texas Mountaineers involve at least some degree, and in many cases, a high degree, of inherent hazard and risk of possible injury**; that Texas Mountaineers is a nonprofit organization, and its programs and activities are conducted by volunteers; and that various precautions will be taken to ensure the safety and well-being of all participants; therefore, in consideration of the benefits to be derived from participation in the programs and activities of the Texas Mountaineers:

- I authorize the event coordinator, or other adult member of the Texas Mountaineers, to secure and consent to, and I grant my permission to, any medical treatment or procedure which may be necessary or advisable, in the case of any injury, accident or illness suffered by me, including but not limited to hospitalization, anesthesia, surgery, or medication; and I agree to pay for all such treatment; and
- I waive and release and agree to hold harmless the Texas Mountaineers, and their volunteers, agents, employees, and representatives, from any and all claims, liability, and causes of action of any character or type whatsoever arising out of or occasioned by participation in the programs and activities of the Texas Mountaineers and by any first aid or medical treatment or procedure in connection therewith.

Dated: _____

Participant: _____