

WILDERNESS TREK CHRISTIAN CAMP, INC.

Doctor Release

Should this application and agreement or any wording found herein be altered, it will not be accepted and participant will not be allowed to participate in WTCC's programs and activities.

Participant Information (please print)

Name: _____ Age: _____ Birthdate (DOB): _____
(Last) (Middle) (First)

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____

Physician Evaluation: A licensed medical physician's signature is required in order to participate in WTCC's programs and activities. This form must be used. No other form can be used to replace this one.

Participation in WTCC's programs and activities involves strenuous outdoor activity that will include, but may not be limited to the following: backpacking, rappelling, five days of hiking at elevations between 8,000 and 14,500 feet. WTCC's programs and activities are conducted at altitudes above 7,000 feet involving extreme weather conditions in remote location where readily available medical care cannot be assured.

I hereby affirm that upon examination of the information provided to me by the participant, there are no restrictions or limitations to participation in WTCC's programs and activities.

Signed _____ Date: _____
Licensed Physician

Name: _____ Phone Number: _____ - _____ - _____

Office Address: _____ City: _____ State: _____ Zip: _____

Email: _____