



**GLACIER INSTITUTE HEALTH FORM AND LIABILITY WAIVER**

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

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Course:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Do you have any medical problems that we need to know about?** YES \_\_\_ NO \_\_\_

If yes, specify on the second page of this form (asthma, epilepsy, diabetes, physical challenge, bee/wasp sting allergies, etc.).

**Do you have any allergies to drugs or medication?** YES \_\_\_ NO \_\_\_

If yes, please specify on the second page of this form.

**Do you have special dietary restrictions?** YES \_\_\_ NO \_\_\_

If yes, please specify on the second page of this form.

**Are you taking any medications or bringing any along?** YES \_\_\_ NO \_\_\_

If yes, please specify on the second page of this form.

*Please Note: The possession and/or use of marijuana (including medical marijuana taken by prescription) on Federal Lands is prohibited by Federal Law.*

**What is the date on your most recent tetanus shot?** \_\_\_\_\_

**Do you have any limits on your physical activity?** YES \_\_\_ NO \_\_\_

If yes, please specify on the second page of this form.

**Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Covered by medical insurance?** YES \_\_\_ NO \_\_\_

**Company Name:** \_\_\_\_\_

**Name two relatives, neighbors or friends who may be called in case of emergency.**

	<b>Name</b>	<b>Relationship</b>	<b>Phone</b>
1.	_____	_____	_____
2.	_____	_____	_____

The courses offered by The Glacier Institute incorporate wilderness experiences with possible strenuous physical activity in remote, rugged terrain. We will take care to make this experience safe and enjoyable.

The Glacier Institute

♦ 137 Main Street ♦ P.O. Box 1887 ♦ Kalispell, MT 59903 ♦ Tel: (406) 755-1211 ♦  
♦ FIELD CAMP (406) 888-5215 ♦ www.glacierinstitute.org ♦ register@glacierinstitute.org ♦



The Glacier Institute cannot, however, eliminate all possible risks inherent in these activities whether from the physical condition of the participant, forces of nature, or the conduct of our staff and other students. Possible risks include, but are not limited to: accident and/or sickness without readily available medical facilities, the forces of nature, and travel to and from locations in and around Glacier National Park. I hereby assume all of the risks involved and agree to indemnify and hold harmless The Glacier Institute, and its officers and employees, from any and all liability that may arise in connection with my participation in the activities at Field Camp and any other areas visited during the course in which I am enrolled. In case of accident or illness, I will bear the cost of any evacuation procedures and medical care. I understand that I must provide my own health insurance.

I also hereby authorize the staff of The Glacier Institute or contracted instructor to consent to any X-ray, examination, anesthetic, medical treatment or special supervision and on the advice of a physician or surgeon licensed under the provision of the Medical Practice Act. For any illnesses or injuries, The Glacier Institute will attempt to contact my emergency contacts before I am treated at any medical office, unless such treatment is so urgent it must be done before contact is made. If my emergency contacts cannot be reached, this authorization is effective. I, also, agree to assume any financial responsibility for my care.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EXPLANATIONS FROM FIRST PAGE OF THIS FORM**

**List significant medical problems:**

**List allergies to drugs/medications:**

**If you are taking medications and bringing them along:** This includes any kind of medication, dietary supplements, vitamins or inhalers. All inhalers should be carried by students at all times during the course. The same applies to epi-pens for anaphylactic shock.

*Please Note: The possession and/or use of marijuana (including medical marijuana taken by prescription) on Federal Lands is prohibited by Federal Law.*

I, \_\_\_\_\_ give the Field Camp Staff permission to administer the following medication(s) that I am required to take, if I am unable, during the course in which I am enrolled.

**List medication and instructions for use:**

**Specify limits on physical activity:**

**Any other pertinent information we should know?**