



Blue Ridge Mountain Guides, LLC

blueridgemtnguides.com 276-732-2001 Info@blueridgemtnguides.com

Name: _____ **Date:** _____

Address: _____

Email: _____

Physical or Medical Conditions

Are there any physical or medical conditions for which you have received medical treatment or for which you are currently receiving medical treatment? If so, please describe those conditions here: (including but not limited to: heart conditions, blood sugar problems, seizure disorders, asthma, allergies like bees/food, previous injuries or surgeries, etc...) *If none, please write N/A*

Allergies to Medicines: _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Photo Release

I, _____, acknowledge that photos may be taken of me and used for marketing online or in print without compensation to me.

(Signature)

(Date)

(Parent/Guardian Signature)

(Date)