

Insert Business Logo Here

MGayle Outdoor Adventures, LLC

Medical Information Form

Please carefully review all details as provided on these forms. All three (3) parts of this form must be completed in full, signed where applicable, and returned to MGayle Outdoor Adventures, LLC by the required deadline date.

PURPOSE

This adventure travel experience will be going to remote areas that might include long periods where sophisticated medical facilities are unavailable. Although a comprehensive medical kit will be available, and the trip leader has first aid training, the level of care that can be administered during the duration of the trip can only be considered 'first aid.' A communication link to a doctor is possible, but can never be guaranteed. By completing the confidential medical report below, if injury or illness should arise during the trip, the trip leader will have the basic medical history in order to best deal with the situation. This information will be held by the trip leader, and remain confidential.

These adventure travel experiences are intended for people in reasonable good health and mobility. Trip participants who are not fit for the travel conditions, are advised not to sign up for an adventure travel trip, as this may result in an unacceptable risk to you, may interfere with the enjoyment of the other trip members, or may even compromise the completion of the trip itself. Examples of health conditions which would cause such an outcome include: Physical disability, frailty, obesity, severely limited mobility and balance, unstable or severed heart or lung conditions, or poor mental health. Should any such condition become apparent, MGayle Outdoor Adventures, LLC, reserves the right to decline to retain you at any time during the trip where such disembarkation is possible. Conditions that are considered by your family physician to be stable or controlled by treatment are not necessarily a barrier to your travelling with MGayle Outdoor Adventures, LLC.

You are advised to carry your own regular medications for the duration of the trip in sufficient quantities to last several days beyond the trip's planned duration. Bring any incidental medications or remedies you foresee needing (i.e. sea sickness pills, band aids, lip salves, throat lozenges, aspirin, etc.). It is also recommended you bring at least one course of antibiotics for chest and throat infections.

You are further advised that medical evacuation, if available at all, is expensive and may be delayed. The responsibility to pay for the cost of any evacuation effort rests with you, and not MGayle Outdoor Adventures, LLC. Therefore, you are advised to have medical insurance that can be leveraged to reimburse you for this cost, should it be utilized during the trip.

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PART 1

HEALTH STATEMENT

I attest that I am in good general health and mobility, and capable of performing normal activities on an adventure travel trip. I further attest that I am capable of caring for myself during the trip, and will not impede the progress of the trip, or enjoyment of other trip members. I understand that this trip will take me far from the nearest medical facility, and that all participants must be self-sufficient. I am further aware that an emergency evacuation may be unavailable, expensive and delayed. I understand that the medical facilities and attention available to me during the trip will subsist of only a "first aid" level.

I certify that I have not been recently treated for, nor am I aware of, any medical condition, infirmity or disability that would create an unreasonable risk to myself, or pose a hazard to other members during the trip.

Name (please print) _____

Date of Trip _____

Signature _____ Date _____

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PART 2

MEDICAL INFORMATION

Name (please print) _____ Date of Birth _____

Blood Type _____ Height _____ Weight _____

1. Please list any current medical conditions, infirmities or disabilities that have required the Regular care of a doctor _____

2. List all medications you are taking at this time, whether they are by prescription, or over the counter. Provide the trade name, the generic name, dosage and frequency of use and purpose.

Trade Name	Generic Name	Dosage/Strength	Frequency	Purpose
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3. Have you been hospitalized or had surgery in the last five years? Yes No If yes, please provide the date of such care, and the reason for it. _____

4. Do you have any allergies or sensitivities to drugs or foods? Yes No If yes, please elaborate _____

5. Do you have any history of mental illness? Yes No If yes, please elaborate _____

6. When was the last date you completed a complete medical physical? _____

7. Are you pregnant? If so, how many weeks pregnant will you be at the time of travel? _____

8. Have you taken out medical insurance that twill cover you for any emergency evacuation from a remote area, should that be needed during the trip? Yes No

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9. Please provide the name and contact information for an individual who can be contacted in the event of an emergency on your behalf

Name _____ Home Phone _____

Work Phone _____ Cellular Phone _____

Relationship _____ Fax Number _____

Email Address _____

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PART 3

DOCTORS STATEMENT

Please give this form to your personal physician along with you trip itinerary that is published on the MGayle Outdoor Adventures, LLC, website, for the travel adventure you wish to take.

Dear Doctor,

Our client is planning to take an adventure travel trip to a remote area of the world, where sophisticated medical facilities are unavailable. The trip leader and staff will carry a comprehensive medical kit, including a full range of pain killers, antibiotics, IV fluids, as well as bandaging and splinting materials. Such leader and staff are trained in first aid. However, the care available during the trip can only be considered 'first aid.' Voice and email communications are possible with emergency personnel via satellite phone, but cannot be guaranteed.

We would like to ensure that, in your opinion, our client is in adequate physical and medical condition to fully participate in such a trip. Conditions might include periods of rough seas, trekking, climbing, air travel, and scuba diving. These activities will require mobility and a certain level of strength, flexibility and fitness to avoid injury. Trip participants may also be exposed to extreme weather conditions including subzero temperatures, ice, snow and strong winds, high heat and humidity levels, as well as damp and slippery terrain.

Please feel free to peruse our website at www.mgayleoutdooradventures.com to better understand the nature of the adventure travel experiences we offer our clients. Do not hesitate to contact us with any questions.

On behalf of our client, please answer the following questions before signing below:

1. In your opinion, please explain why or why not he/she is adequately fit and mobile to participate in such an adventure trip. _____

2. Is there any existing medical condition, infirmity or disability (i.e. heart disease, lung, limb or joint disease) that could impact his/her ability to fully participate in such a trip? _____

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3. Please list any current medical or physical conditions you feel the trip leader and staff should be made aware of. _____

4. Please list current medications taken by your patient below.

Trade Name	Generic Name	Dosage/Strength	Frequency	Purpose
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Patient's Name: _____

Doctor's Name: _____

Doctor's Signature: _____

Today's Date: _____

Office Address: _____

Office Telephone: _____

Fax Number: _____

Email Address: _____