



MEDICAL AND PHYSICAL CONDITION  
STANDARD INFORMATION AND MEDICAL RELEASE FORM

I, \_\_\_\_\_, (client), as lawful consideration for participating with Waterfall Ranch Outfitters, LLC furnish the following medical, health, and dietary information to the Waterfall Ranch Outfitters LLC which I state to be true and correct, and accepting responsibility for failure to disclose any condition or not fully stating such condition. **I have assumed full responsibility for my physical condition; that the use of all services and/or facilities of the Waterfall Ranch Outfitters LLC is at my own risk and that supplying this information is for the sole purpose of Waterfall Ranch Outfitters in planning the services and/or facilities and I hold Waterfall Ranch Outfitters LLC harmless of any liability resulting from my personal health or fitness.** I further understand my participation in the services and/or facilities of Waterfall Ranch Outfitters LLC may require top physical conditioning. I understand that I must furnish complete information to include physician's reports if the conditions would otherwise be considered to be detrimental to my health if not disclosed. I will attach other sheets if necessary to fully disclose my condition(s). I also understand that I am signing an additional release and assumption of risk form.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Have you ever had or been diagnosed as having heart or coronary artery disease? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please use the back of this page to describe any limitations on activities, medications or other relevant information.

Do you suffer from high blood pressure? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe any limitations on activities, medications or other relevant information on the back of this page.

Any other condition that requires taking of daily medications or carrying of special medication or equipment? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe condition, medications or equipment required, any restrictions caused by the same, and any special instructions needed by the outfitter on reserve side.

Do you have any allergies, including allergic reactions to specific medications, specific foods, or other physical condition that requires special attention or medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe condition and/or medication on the back of the page.

Do you have any dietary restriction? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe on back of page.

Do you have any requests for food or beverages at camp?

**In case of an emergency, whom should we contact?**

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

Relationship: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Fax number: \_\_\_\_\_

Your Address _____
City: _____ State _____ Zip _____
Daytime phone: _____ Evening phone _____
Email address: _____

Health insurance provider: \_\_\_\_\_

Policy number: \_\_\_\_\_ member # \_\_\_\_\_

Phone number for authorization: \_\_\_\_\_

Please bring your insurance card with you, just in case.

More useful information that will help Waterfall Ranch Outfitters, LLC provide a good hunt.

My shooting experience level is: beginner \_\_\_\_\_ intermediate \_\_\_\_\_ advanced \_\_\_\_\_.

My horseback riding level is: beginner \_\_\_\_\_ intermediate \_\_\_\_\_ advanced \_\_\_\_\_.

My hunting experience is: beginner \_\_\_\_\_ intermediate \_\_\_\_\_ advanced \_\_\_\_\_.

My rifle is: \_\_\_\_\_

My scope is: \_\_\_\_\_

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Please return by September 1st  
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