



EARTHWALKERLLC .com
EARTHWALKERLLC@gmail.com

Course Title: _____ Course Date: _____

Name: _____ Age: _____

Address: _____

Contact Number(s): (_____) _____ (_____) _____

E-mail address: _____

Where did you hear about EARTHWALKER ? Internet Brochure Friend/Family Other _____

Level of Wilderness Experience: (please circle the appropriate number which best describes you)

- 1 = Beginner, virtually no wilderness experience... I have gone on a few day hikes but never camped before
- 2 = Very little wilderness experience... I hike now & then & occasionally go "car camping"
- 3 = Fair amount of wilderness experience... I routinely hike and occasionally go on backpacking trips
- 4 = Plenty of wilderness experience... I routinely go on backpacking trips/multiple day
- 5 = A great deal of wilderness experience... I routinely backpack, and have gone on trips lasting a week or more

Level of Fitness/Conditioning: (please circle the appropriate number which best describes you)

- 1 = I do not exercise regularly
- 2 = I exercise one to two times a week for thirty minutes each time.
- 3 = I exercise three times a week for thirty minutes each time and can walk a mile in fifteen minutes.
- 4 = I exercise three times a week for forty-five minutes or more and can walk a mile under ten minutes.
- 5 = I am a competitive athlete and train regularly

Health Information will be kept confidential. Place a mark in the box "Yes" or "No" if you have any of the following:

Allergies:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please state allergies(s): _____	
Asthma:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, are you packing medication into the field ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back pain:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Chemical Dependency:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Diabetes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, are you packing medication into the field ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, are you packing medication into the field ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, are you packing medication into the field ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Pressure:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, are you packing medication into the field ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychiatric Care:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, are you packing medication into the field ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stroke:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, are you packing medication into the field ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suicidal Tendencies:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional condition(s):	_____		

Emergency Contacts: (please list two)

Name: _____ Relationship: _____

Contact(s): (_____) _____ (_____) _____

Name: _____ Relationship: _____

Contact(s): (_____) _____ (_____) _____

PHOTO RELEASE:

I give, without cost, to Earthwalker LLC full rights and license to use all photo/video images of me obtained during this activity for marketing/media purposes. Yes No

* Please note that Earthwalker LLC has a policy requiring abstinence from alcohol & drugs during events.
By signing this form, I agree to abide by this policy.

Signed: _____ Dated: _____