



Lunatic Adventures Inc.

250 The East Mall, Suite 1691, Toronto, Ontario, M9B 6L3 • 1-866-415-LUNA • www.lunaticadventures.com

MEDICAL FORM

FIRST NAME OF PARTICIPANT										LAST NAME OF PARTICIPANT									
APT. #					STREET ADDRESS														
CITY					PROV. /STATE					POSTAL/ZIP CODE									

Please read questions carefully and ensure ALL have been answered in full. Please Print.

Male Female Age: _____

a) Are you currently taken any medications?

Yes No if yes, please specify: _____

b) Do you have any allergies, medical (penicillin, aspirin, etc), food (dairy, peanut, etc), or, environmental (insect stings, etc)?

Yes No if yes, please specify: _____

c) Have you been treated for any serious illnesses within the past three years?

Yes No if yes, please specify: _____

d) Have you undergone surgery or surgical procedures within that past three years?

Yes No if yes, please specify: _____

e) Have you ever suffered from frostbite of hypothermia?

Yes No if yes, please specify: _____

f) Is there any other medical concern that may impede your participation in this program?

Yes No if yes, please specify: _____

g) Please rate your experience: Beginner Intermediate Advanced

h) Have you participated with *Lunatic Adventures Inc.* before?

Yes No if yes, please specify: _____

Emergency Contact Information

Please provide us with the name, phone number, and, relationship of someone we can contact in case of emergency.

FIRST NAME										LAST NAME									
CONTACT PHONE NUMBER (DAY)										CONTACT PHONE NUMBER (NIGHT)									

Relationship to contact: _____

If you are under the age of eighteen, you **MUST** obtain the signature of a parent/guardian to participate in any course, clinic, or, trip offered by *Lunatic Adventures Inc.*

Signature of Parent/Guardian of Participant: _____ Date Signed (mm/dd/yy): _____

I agree that all questions on this form have been fully completed in the spaces provided, and all information provided on this form is known to be true.

Signature of Participant: _____ Date Signed (mm/dd/yy): _____