



1059 Meadow Road, Casco, Maine 04015  
 (207) 627-2267 Fax: (207) 627-2269  
 102 Tandberg Trail, Windham, ME 04062  
 (207)893-0244 fax: (207)893-0277  
[www.momentumme.com](http://www.momentumme.com)

### Nature Trek Application and Emergency Release

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

This application and release is considered for the following calendar year \_\_\_\_\_ only.

Have you had a tetanus shot in the last 10 years?  YES  NO If no, we strongly recommend you get one before the trip.

Have you experienced any of the following:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Allergy to bee stings         | <input type="checkbox"/> Balance problems          | <input type="checkbox"/> Decubitus ulcers     | <input type="checkbox"/> Incontinence(bowel/urine)    |
| <input type="checkbox"/> Allergy to penicillin         | <input type="checkbox"/> Chemical dependency       | <input type="checkbox"/> Ear perforation      | <input type="checkbox"/> Lung Disease                 |
| <input type="checkbox"/> Arthritis                     | <input type="checkbox"/> Communicable diseases     | <input type="checkbox"/> Head injury          | <input type="checkbox"/> Mental illness               |
| <input type="checkbox"/> Asthma                        | <input type="checkbox"/> Compromised Immune System | <input type="checkbox"/> Heart disease/defect | <input type="checkbox"/> Seizures                     |
| <input type="checkbox"/> Ever hospitalized for asthma? | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Hemophilia           | <input type="checkbox"/> Stroke/neurological disorder |
| <input type="checkbox"/> Back/joint conditions         | <input type="checkbox"/> Dysreflexia               | <input type="checkbox"/> Hepatitis A or B     | <input type="checkbox"/> Urinary/bladder infections   |

\*If you answered "yes" to any of the above, please describe more fully here: \_\_\_\_\_

**EMERGENCY INFORMATION Please answer all questions thoroughly**

**In case of an emergency contact: Please list 2 people and circle relation and type/ or guardian**

#1 Name \_\_\_\_\_ Relation/guardian \_\_\_\_\_  
 Address \_\_\_\_\_ Phone(day/evening/cell)(\_\_\_\_\_) \_\_\_\_\_  
 Health insurance company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Physician \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 #2 Name \_\_\_\_\_ Relation/guardian \_\_\_\_\_  
 Address \_\_\_\_\_ Phone(day/evening/cell) (\_\_\_\_\_) \_\_\_\_\_

**Phone numbers should include area codes**

**Emergency Medical Permission:** I give permission to Momentum’s staff, in case of illness and or injury requiring emergency medical attention for named client above to obtain treatment from the nearest hospital or doctor with the understanding that I will be contacted as soon as possible.

Approve \_\_\_ Refuse \_\_\_  
 Name/Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE OF LIABILITY**

I certify that the above information is true, accurate and complete. I recognize that there is a significant element of risk in any adventure sport and/or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved, I certify that I and/or my family (including my minor children or persons for whom I am legal guardian), are fully capable of participating in the activities. In consideration of Nature Trek providing this adventure sport or outdoor opportunity to me and/or my family, I hereby waive, release and discharge all actions, claims and demands for personal injury and/or property damage that may hereafter accrue against Nature Trek, its employees, agents, sponsors or assigns. I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me during the entire period of participation in Nature Trek activities. I give permission for Nature Trek to check with my references and ask the questions regarding my participation in the program. I give my permission for Nature Trek to use photographs taken of me on this trip for their promotional purposes. I understand and agree to the Nature Trek cancellation policy: if I cancel within at least 6 weeks notice my trip fee will be refunded; with 3-6 weeks cancellation notice, 50% of my trip fee will be refunded (less deposit); with less than 3 weeks notice I will receive no refund.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be signed.** If you are under 18, or an adult with a legal guardian, your legal guardian must sign it. You cannot participate on a trip unless we have received this signed registration form.