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# MEDICAL CONSENT

*This waiver **DOES NOT** require a physician's signature.*

**This is to be signed by both the Traveler and Parent/Legal Guardian.**

*If the Traveler is his/her own legal guardian then only their signature is required.*

Traveler's Name: \_\_\_\_\_

_____	_____	_____	_____
Trip Title	Date	Trip Title	Date
_____	_____	_____	_____
Trip Title	Date	Trip Title	Date
_____	_____	_____	_____
Trip Title	Date	Trip Title	Date

**Instructions:** Please check each paragraph after reading to indicate that you understand and agree with it.

\_\_\_\_\_ 1. I hereby understand that precaution is taken to safeguard the health and safety of participants in Able Trek Tours programs.

\_\_\_\_\_ 2. I agree to release and waive the right to any claim against Able Trek Tours, its employees and/or volunteers regarding any injury to the above mentioned Traveler or his/her property during the scheduled tour, in transit to or from the tour or during any activity approved by any Able Trek Tours' employee or volunteer.

\_\_\_\_\_ 3. I do not hold Able Trek Tours responsible for any property brought on the trip and I will assume all liability for any claims which said Traveler may have against any said persons for injury to his/her person or property as herein stated.

\_\_\_\_\_ 4. I give permission for the Traveler to ride in vehicles owned, rented or leased by Able Trek Tours.

\_\_\_\_\_ 5. I grant permission to Able Trek Tours' medical staff and/or Tour Leader to furnish or arrange for the hospitalization and medical care that the Traveler might require during the time he/she is participating in an Able Trek Tours activity.

\_\_\_\_\_ 6. I understand and agree that this medical care includes, but is not limited to: examinations, treatments, immunizations, injections, anesthesia, surgery, X-rays, and other procedures, etc. that are deemed necessary by a Physician or hospital staff member.

\_\_\_\_\_ 7. I understand and agree that I am financially responsible for any and all medical expenses that may occur during or after the trip(s).

\_\_\_\_\_ 8. I understand that medical insurance is the responsibility of the Traveler.

\_\_\_\_\_ 9. I understand that in the event of a serious illness or in the event of a need for hospital services and/or major surgery, the Tour Director or medical staff member will use all reasonable efforts to contact the undersigned. Failure in such efforts, however, will not prevent the provision of emergency treatment for the best interest of the life and health of the above named Traveler.

\_\_\_\_\_ 10. I understand that all medications and prescriptions to be administered to the Traveler will be surrendered to the Tour Director and/or person responsible for dispensing medications at the time of check-in.

\_\_\_\_\_ 11. I understand it is the legal guardian's responsibility to assure that the medications are set up and labeled according to the time and date of dispensing. All medications for the entire length of the tour must be prepackaged.

**I certify that I have carefully read all or the above statements, understand them, and agree with them.**

**This is to be signed by both the Traveler and Parent/Legal Guardian. If the Traveler is his/her own legal guardian then only their signature is required.**

**Is the Traveler their own legal guardian? \_\_\_\_\_ Yes \_\_\_\_\_ No**

Traveler's printed name: \_\_\_\_\_

Traveler's Signature: \_\_\_\_\_

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

Legal Guardian's printed name: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_

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

Legal Guardian's Address: \_\_\_\_\_

\_\_\_\_\_

Legal Guardian's telephone #: (\_\_\_\_\_) \_\_\_\_\_