



IMT

MEDICAL INFORMATION FORM

Program:

First and Last name:

Phone:

e-mail:

Passport :

Nationality:

Date of birth:

Travel Insurance Company:

In case of emergency, please contact:

Name:

Phone :

Medical History

1) Please indicate below if you have any of the following medical problems: **YES NO**
(If yes, please describe below)

Congestive heart failure:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Epilepsy:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Arterial hypertension:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Stress:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Smoker:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Diabetes:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Allergies:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Asthma:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other (please specify):		

2) Do you take any medication regularly? **YES** **NO**
If Yes, list medications and any side effects:

3) Have you been hospitalized in the last five years? **YES** **NO**
If yes Describe:

4) Do you have any physical limitation? **YES** **NO**
If yes describe:

5) Any dietary restrictions? **YES** **NO**



If Yes, specify:

Female only:

6) Are you pregnant?

YES

NO

By my signature I acknowledge that the above information is true and accurate, and I assume I'm in perfect conditions to do this kind of trip.

.....

Date and full name:



ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

In consideration of the services provided by IMT, and it's directors, guides and officers, for the program:.....;

I understand and accept this outdoor activity expose me to numerous known and unanticipated risks which could result in personal injury, illness, death or damage to myself or my property. Some of the risks or factors creating risk include, but are not limited to, the following: extreme weather conditions that may vary significantly, low temperatures, high radiations, strong winds, snowfalls, rain, fog, falling rocks, avalanches of seracs and snow, difficulties in finding water, impossibility of getting food, and others. Moreover, the activity will be carried out in remote places that are located far from hospitals or emergency facilities, therefore aid may be delayed and great difficulties may be encountered in transporting the sick or injured person. My participation is voluntary; I choose to participate in spite of these named and other unnamed risks. I am solely responsible for deciding to engage in this activity.

I hereby affirm that:

- 1) I am duly acquainted with the activities to be carried out since they have been explained to me in detail.
- 2) I am in good physical and mental health to carry out said activities.
- 3) I am solely responsible for my own life insurance coverage and health care provider.
- 4) I accept and assume all risk involved in the above activity
- 5) Said activities being carried out in mountain terrain and/or in the outdoors, trip planning and schedules are subject to weather and terrain conditions.
- 6) The trip leaders, instructors and persons in charge of the activity will be the leaders of the trip and his/her instructions must be strictly followed. He/she has decision-making authority over whether to carry out, modify or cancel the trip at his/her discretion, taking into consideration personal or group safety, which prevails over all other matters, and that may not be questioned in any manner whatsoever.

My participation in the Mountaineering Patagonia program is voluntary, and I choose to participate, in spite of knowing the described inherent risks in this document. I assume and accept full responsibility over the consequences. I have read the General Terms an Conditions of the Company.

I fully understand that this acknowledgement and assumption of risks and this document, are governed by the laws of the Republic of Argentina. I have carefully read, understand and voluntarily sign this Document and acknowledge that it shall be effective and binding upon me.

.....

Signature and name

.....

Place and Date