

**Pioneer Trek Registration Form**

Kaysville Utah Haight Creek Stake

August 13-16 2012

This form must be completed, signed and dated in all places and returned to your ward YW/YM President by May 1, 2012. Each trek participant (adult and youth) must complete a form. Ward YW/YM leaders must turn forms in to the Stake YW Presidency by May 15, 2012.

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

If under 18 years of age:

Parent/Guardian Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_

**CONTRACT and RELEASE**

\* I understand this Pioneer Trek 2012 will be held in a primitive wilderness setting. I also understand although we will be "roughing it" so to speak, that the Stake will provide food, restroom facilities, and drinking water.

\* I am voluntarily a participant in this Trek and I will accept full responsibility for my actions under all conditions. I also agree to aid other members of the group in behaving responsibly.

\*I understand and appreciate that there are inherent risks involved in this Stake-sponsored Trek which are beyond the control of the Stake staff and Ward leaders, and I agree to personally assume such risks. Also, the Stake staff and Ward leaders cannot be held responsible for any injuries or expenses, costs and/or claims in connection with any injuries sustained which were not directly caused by their failure to take reasonable care. I hereby agree to release the Stake and its staff and Ward leaders from any and all claims for liability arising from my participation in the Pioneer Trek 2012.

\* I agree to abide by LDS standards. This means high standards of behavior, honor, integrity, and moral cleanliness. Abstinence from alcohol, tobacco, and harmful drugs are required of me and every participant involved in this Trek.

\*I (and/or my parent/guardian) agree to accept full responsibility for any medical or related expense incurred which are not covered by my own insurance policy. Medical and dental benefits from the Church Activity Insurance Program may be available, but I understand they are secondary to other coverage and subject to limitation. Contact your Bishop to plan coverage or a benefit claim form in case of an emergency or accident.

**Health History**

If you currently suffer from or have experienced any of the following conditions within the past year, please mark the appropriate space below:

- Arthritis
- Asthma
- Epilepsy or Seizures
- Emotional problems requiring medication
- Fainting Spells
- Ulcers medication
- Rheumatic Fever
- Major bone or joint injuries
- High Blood Pressure
- Surgery or serious illness
- Heart trouble
- Diabetes
- Hypoglycemia
- Other medical conditions which may be aggravated by hiking

If checked, please explain (add additional pages if necessary):

If you marked any of the above items, you must fill out a **Medical Release Form** and have it completed by a Medical Doctor. You cannot participate without it. This form is available on the Trek website.

Special Diet (food restrictions): \_\_\_\_\_

Describe any allergies or reactions to medications and wasp/bee stings: \_\_\_\_\_

Medications currently being used: \_\_\_\_\_

Are you required to carry an Epi pen?      Yes              No

Family Physician: \_\_\_\_\_  
Phone: \_\_\_\_\_

- I agree to the above terms and declare the above statements are complete and correct.
- To the best of my knowledge there is no condition that would inhibit my participation in this event.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent /Guardian \_\_\_\_\_ Date \_\_\_\_\_

