

# Medical Information/Consent Form for Hikes to Aspen

**Crested Butte Wildflower Festival**  
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Participant Name \_\_\_\_\_

Date of Hike to Aspen \_\_\_\_\_

Please answer the following questions to the best of your ability. All medical concerns should be disclosed. The hike to Aspen may present a greater physical challenge (due to altitude) than you may be accustomed to. If you have questions regarding your participation, you should discuss them with your doctor and the Sue Wallace, Festival Director.

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ M F

Do you or have you ever suffered from any of the following? Please check.

- |                             |   |
|-----------------------------|---|
| Allergies                   | Are you currently under a doctor's care?                                      |
| Frostbite                   | Are you taking any medications?   |
| Cerebral or Pulmonary Edema | Are there any limitations to your activities?                                 |
| Diabetes                    | Do you have any medical condition not listed above that we should know about? |
| Asthma                      | Are you allergic to insect bites?   |
| Heart Problems              |   |
| High Blood Pressure         |   |
| Dislocations                |   |
| Back Problems               |   |

If yes to any of the above, please describe.

List your physical activities for an average week:

**Visitor Acknowledgment of Risk**

In consideration of the services of the Crested Butte Wildflower Festival, their officers, agents, employees, directors, and all other persons or entities associated with those services (hereinafter collectively referred to as "CBWF"), CBWF intends to make all participants aware of the inherent risks associated with this hiking activity which include, but are not limited to:

- Accidental injury or illness, or in extreme cases, permanent trauma or death.
- The hazards of walking on uneven terrain, terrain without guard railings, terrain that is snow-covered, and terrain that is exposed above tree-line
- Sliding or falling
- Being struck by rock fall, or other objects dislodged or thrown from above
- Exposure to lightning, wind, snow, rain, and other weather events
- Exposure to insect bites
- Altitude, heat, or cold, including acute mountain sickness, cerebral and pulmonary edema, and hypothermia.
- Loss of/damage to equipment

I, \_\_\_\_\_, hereby consent to any hospital care or medical or surgical diagnosis or first aid activities with Crested Butte Wildflower Festival and its agents, if I am not able at that time to give my written consent due to unconsciousness, disorientation or other mental incapacity. I also understand and agree that I am solely responsible for all appropriate charges for such services and that Crested Butte Wildflower Festival and its agents are under no duty to provide any first aid or medical treatment in any event.

Please place your initials next to each item below:

I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. \_\_\_\_\_

I agree to assume and accept full responsibility for the risks identified herein and those risks not specifically identified. \_\_\_\_\_

I accept full responsibility for my level of fitness and any limitations brought on by my particular physical condition, and my response to physical exertion associated with activity. \_\_\_\_\_

My participation in this activity is purely voluntary; no one is forcing me to participate and I elect to participate in spite of and with the full knowledge of the inherent risks. \_\_\_\_\_

I acknowledge that engaging in this activity may require a degree of skill and knowledge different from that of other activities and that I have responsibilities as a participant. \_\_\_\_\_

I acknowledge that the staff of CBWF has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity. \_\_\_\_\_

I certify that I am fully capable of participating in this activity. \_\_\_\_\_

I assume and accept full responsibility for myself, for bodily injury, death and loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

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I have read this entire document and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative, estate and for all members of my family, including minor children.

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Signature of Participant

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Printed Name or Name of Guardian (if under age 18)

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Address

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Phone (Home, Work, and Cell)

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E-mail Address

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Name of Emergency Contact

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Emergency Contact Phone Numbers (Home, Work, Cell)

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Date