

GENERAL MEDICAL AND PHYSICAL QUESTIONNAIRE

(Additional copies of this form are available at www.OverTheHillOutfitters.com/geninfo.htm#forms)

I, _____ (client) , furnish the following information to OVER THE HILL OUTFITTERS, INC., which I state to be true and correct and accept responsibility for failure to disclose any condition or not fully stating such condition. I understand that I must furnish complete information including physician's reports if the conditions would otherwise be considered detrimental to my health if not disclosed. I will attach other sheets if necessary to fully disclose my condition(s).

Age _____ Weight _____ Height _____ Sex _____

Profession _____

How did you hear about Adventures Beyond, Inc. & Over the Hill Outfitters, Inc.?

Have you been on a previous guided adventure or hunting trip? _____ With whom? _____
Where? _____ When? _____

Please describe your horseback riding or other outdoor experience:

Describe your physical fitness level:

Do you exercise regularly? _____ Please describe:

Describe any medical, health problems or allergies:

Are you taking any medications? _____ Please describe:

Do you smoke? _____ If so, how much? _____

Describe any dietary restrictions/preferences:

Person to notify in case of emergency:

NAME _____ PHONE _____

CITY _____ STATE _____ ZIP _____

I have insurance covering injury and health:

COMPANY _____ POLICY # _____

Client Signature _____ Date _____

Street Address _____ () _____ Phone _____

City _____ State _____ Zip _____ email _____