

HIDDEN CREEK OUTFITTERS
575 Road 11 Powell, Wy. 82435
307-527-5470

MEDICAL AND PHYSICAL CONDITION STANDARD INFORMATION FORM

I, _____ (CLIENT) as lawful consideration for contracting with BILL PERRY D.B.A. HIDDEN CREEK OUTFITTERS (OUTFITTER) furnish the following medical, health, and dietary information to Outfitter which I state to be true and correct, and accepting responsibility for failure to disclose any condition or not fully stating such condition. I understand that I must furnish complete information to include physician's reports if the conditions would otherwise be considered to be detrimental to my health if not disclosed. I will attach other sheets if necessary to fully disclose my condition(s).

Age: _____ Weight: _____ Height: _____

Have you ever had or been diagnosed as having heart or coronary artery disease ?
_____ No. _____ Yes, If yes, describe any limitations on activities, medications or other relevant information.

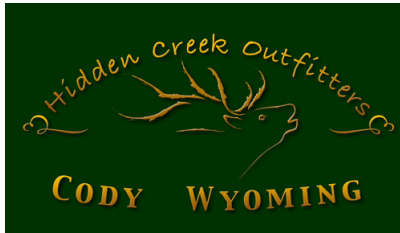
Do you suffer from :

High blood pressure? _____ No _____ Yes If yes, describe any limitations on activities, medications or other relevant information.

Any other conditions which requires taking of daily medication or carrying of special medication or equipment?
_____ No _____ Yes If yes, describe condition, medications or equipment required, any restrictions caused by the same, and any special instructions needed by the Outfitter.

Allergies (including allergic reactions to specific medications) or other physical condition that requires special attention or medication? _____ No _____ Yes If yes, describe condition and/or medication.

Dietary restrictions? _____ No _____ Yes If yes, describe.



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(Signature) _____
Attachment #2, Hunting/ Camping