DECLARATION OF FITNESS FOR HIKINING, MOUNTAINEER, AND/OR ROCK CLIMB

I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during Hiking, Mountaineering and/or rock climbing activities:

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental Illness, drug or alcohol addiction, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment and that I have not been diagnosed by a registered doctor as having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of Mountaineering and/or rock climbing activities, I will notify the Instructor / Guide / Spotter immediately and before moving any further.

I have read the above Declarations, understand them, and I agree to be bound by them.

_____	_____	_____
Signature of Adult Participant	Name of Adult Participant (Print)	Date
_____		_____
Address of Adult Participant		Contact Number
_____	_____	_____
Signature of Parent or Guardian if Participant is a minor, and by their Signature, they on my behalf release All claims that both they and I have	Name of Parent or Guardian	Date
_____		_____
Address of Parent or Guardian		Contact Number
	_____	_____
	Name of Minor (Please Print)	Date

If you cannot sign the above declaration because of any of the above conditions, you must notify the Instructor / Guide / Spotter immediately before you climb.

For Get Lost Adventures, Inc Purpose Only (Counter-sign upon full and correct completion)

_____	_____	_____
Counter-Signature	Name (Print)	Date