

Muskoka Stay N'Play Tours Inc.

MEDICAL QUESTIONNAIRE

Our adventure tours are intended for participants in reasonably good health for the sake of their safety and the safety of others. We require that you complete all questions fully and truthfully. The information you provide is important, and potentially critical, in the event of a medical emergency.

We reserve the right to decline to allow your participation on our tour due to medical reasons.

Name: _____

Tour booked: _____

Dates of tour: _____

Age: _____

1. Have you ever had any of the following:

a) Tuberculosis, chronic bronchitis, emphysema or any other lung problems Yes No

b) Asthma that effects everyday activities and/or use an inhaler regularly Yes No

c) High blood pressure, heart or respiratory problems, or rheumatic fever Yes No

d) Gout or arthritis or any back, leg or foot problems Yes No

e) Gastric or duodenal ulcer, colitis or intestinal trouble Yes No

f) Epilepsy or seizures of any kind Yes No

g) Kidney or bladder disease Yes No

h) Diabetes, cancer or tumor of any kind Yes No

2. Do you have any physical limitations, disabilities or prosthesis? Do you have difficulty walking or do you use a device for mobility assistance such as a cane or wheelchair?

Yes _____ No _____

If YES, please specify: _____

3.. Are you affected by any other pre-existing medical conditions not listed above?

Yes _____ No _____

If YES, please specify: _____

If you indicated "YES" to any of the above questions, you must consult your physician and provide us with a completed Medical Statement at our before your departure date.

MEDICAL STATEMENT

I, _____ (the "Participant"), hereby agree to the release of the following information by my physician. Where my physician has indicated that I am capable of participating to a limited degree, I understand that it is my responsibility to discuss such limitations with my physician and follow my physician's recommendations. Muskoka Stay N' Play Tours Incorporated is not responsible for monitoring my activities."

Physician:

The Participant is booked on an adventure tour vacation with us that involves physical challenging activities, including those specified below. Your confirmation that the Participant is medically fit for travel and the specified activities is requested.

Please check any of the following activities in which the Participant may NOT be able to

Participate:

- Occasional periods of walking or hiking on uneven terrain
- Winter sports such as snowmobiling, ice-fishing, snowshoeing, and/or

Skating.

- Exposure to cold, wet, and otherwise adverse weather conditions sometimes found in Muskoka

I, _____, have examined or am familiar with the Participant's health and believe him/her to be medically fit for travel and activities of this nature.

Signature of Examining Physician Date