

## WORLD'S TOUGHEST MUDDER PARTICIPANT EMERGENCY CONTACT AND CURRENT MEDICATION INFORMATION

### PATIENT INFORMATION

Name:	Bib #:	Date of Birth:	Driver's License #:
Home Address: Mailing Address:			Home: Cell:
Hair Color:	Eye Color:	Height:	Weight:
Physician(s):	Physician's Phone Number:	Pharmacy:	Pharmacy's Phone Number:

### EMERGENCY CONTACTS

NAME	RELATIONSHIP	HOME PHONE	MOBILE PHONE	WORK PHONE

### MEDICAL CONDITIONS

1.	2.	3.
4.	5.	6.
Pacemaker: Yes _____ No _____	Contacts: Yes _____ No _____	Eyeglasses: Yes _____ No _____

### ALLERGIES TO MEDICATIONS

MEDICATION	REACTION

CURRENT MEDICATION REGIMEN			
MEDICATION	DOSAGE	FREQUENCY	CONDITION / SPECIAL NOTES

**INSURANCE INFORMATION**

<b><u>Primary Carrier</u></b>	
Insurance Carrier:	Policy Holder's Name:
Policy Number:	Group Number:
Phone Number:	Notes:
<b><u>Secondary Carrier (Medicaid, Medicare, ect.)</u></b>	
Insurance Carrier:	Policy Holder's Name:
Policy Number:	Group Number:
Phone Number:	Notes:

1. I give Tough Mudder officials and medical staff permission to call those I have listed as Emergency Contacts and discuss my medical condition, treatment and disposition.
2. I understand that participating in the World's Toughest Mudder event is a physically challenging and potentially dangerous activity and involves the risk of serious injury and/or death.
3. I assert that I am in good health and in proper physical condition to safely participate in the World's Toughest Mudder event. I certify that I have no known or knowable physical or mental conditions that would affect my ability to safely participate in the World's Toughest Mudder event, or that would result in my participation creating a risk of danger to myself or to others.

Signature \_\_\_\_\_

Date \_\_\_\_\_