



**PARTICIPANT APPLICATION**

**Benegas Brothers Expeditions Physician's Form**

The person, \_\_\_\_\_ who has given you this form, intends to participate in a high altitude climbing expedition with Benegas Brothers Expeditions, Inc. During this expedition, all members will likely be exposed to extreme weather, cold conditions, and will experience the effects of a lack of oxygen, and physical and mental exertion as a result of the altitude of the peaks climbed. Our expeditions are located in remote areas, where often times evacuation and treatment at a full medical facility is not readily available. Please review and verify the full medical questionnaire, comment on, and sign the following:

Current physical condition:

Additional medical details of relevance:

Doctor's Name\*

Doctor's Signature\*

\_\_\_\_\_

\_\_\_\_\_

Date\*

\_\_\_\_\_