



Journeys of a Lifetime

976 Tee Court, Incline Village, NV 89451 ▲ Tel: (800) 670- 6984 or (775) 832-5454 ▲ Fax: (775) 832-4454
Web Page: www.mythsandmountains.com ▲ E-Mail: travel@mythsandmountains.com

MEDICAL APPROVAL WAIVER

I, _____, confirm that Myths and Mountains has advised me to get a doctor's signed approval prior to finalizing the arrangements for my trip to _____, dates: _____. The purpose is to certify that I am in good enough medical/physical/psychological condition to meet the challenges and demands of my trip. Despite the urging from Myths and Mountains, I have decided against getting my doctor's signed approval prior to traveling. Because I have willingly and voluntarily decided against getting my doctor's signed approval, I fully and absolutely release Myths and Mountains from any and all liability for any medical/physical/psychological problems I might have on this trip, which, if discovered or disclosed in a medical consultation, would have indicated my unsuitability for this trip. I also acknowledge that Myths and Mountains has clearly advised me concerning the medical/physical/psychological requirements for this trip.

The following is a description of my overall medical/physical/psychological condition and any other medically related facts, which Myths and Mountains should be aware of such as, allergies: _____

Signature: _____

Date: _____