

**Fruit Heights Utah Stake 2026 Pioneer Trek**  
**June 24 – 27, 2026**  
**Registration and Medical Release Form**

This form must be completed, signed, and returned to your ward youth leaders by **April 19, 2026** (the date of the Trek Kickoff Fireside). Each participant (*adult and youth*) must complete a registration form.

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Ward \_\_\_\_\_

Address \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy/Group # \_\_\_\_\_

Parents' Name (if minor) \_\_\_\_\_

Parent Contact Information:

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**CONTRACT and RELEASE**

1. I understand this Pioneer Trek will be held in a primitive wilderness setting. I understand that, although we will be "roughing it," the Stake will provide food, portable toilets, safe drinking water, and emergency medical care.
2. I am voluntarily a participant in this Pioneer Trek and I will accept full responsibility for my actions under all conditions and circumstances. I also agree to aid other members of the group in behaving responsibly.
3. I understand and appreciate that there are inherent risks involved in this Stake-sponsored Pioneer Trek which are beyond the control of the Stake leaders, Ward leaders, and land owners, and I agree to personally assume such risks. In consideration of my participation in this Pioneer Trek, and for other good and valuable consideration, the receipt and sufficiency of which are acknowledged, I, intending to bind myself and my heirs, personal representatives, successors, and assigns, do hereby expressly release and forever discharge the Fruit Heights Utah Stake and its leaders, the Ward leaders and the land owners, to the extent and only to the extent not covered by insurance, from any and all claims, demands, causes of action, and other rights of any nature whatsoever that I may have that arise, directly or indirectly, from or by reason of any bodily or personal injuries and/or death or property damage resulting in any way from my participation in this Pioneer Trek, whether caused, directly or indirectly, by any act or omission of any Stake or Ward leader or otherwise. It is not the intent of this provision to release in any way claims that are covered by insurance. I also hereby expressly agree to indemnify and hold harmless the Fruit Heights Utah Stake and its leaders, the Ward leaders and the land owners, to the extent not covered by insurance either specially purchased for this event or otherwise existing, from and against any and all losses, damages and costs (including reasonable attorneys' fees) arising from or relating to any claims, demands, actions or judgments of any character whatsoever that may be brought or obtained by my or my heirs, family or relatives, resulting directly or indirectly in any way from my participation in this Pioneer Trek.
4. I agree to abide by LDS standards. This means high standards of behavior, honor and integrity, abstinence from alcohol, tobacco and any harmful drugs/substances.
5. I agree to limit my personal possessions during this Pioneer Trek to only those items on the official approved list.
6. I (and/or my guardian) agree to accept full responsibility for any medical or related expenses incurred which are not covered by my own insurance policy. Medical and dental benefits from the Church Activity Insurance Program may be available, but they are secondary to other insurance coverage and subject to limitations. Contact your bishop or branch president for plan coverage or a benefit claim form in case of an accident.
7. I agree that as a participant in this Pioneer Trek, it is my responsibility to condition myself physically for this experience. I understand that it will be held in mountainous terrain and with limited facilities. I can walk at least 4 miles on rolling ground in 60 minutes or less without undue physical stress.
8. I agree to following the "no-trace camping" protocols in order to maintain the wilderness nature of the property.

## **Health History and Medical Release**

If you currently suffer from, or have experienced any of the following conditions within the past year, please mark the appropriate space below:

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Major bone or joint injury
<input type="checkbox"/> Asthma (serious case)	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Any major operation or serious illness
<input type="checkbox"/> Ulcers	<input type="checkbox"/> Emotional problems requiring medication
<input type="checkbox"/> Fainting spells	<input type="checkbox"/> Rheumatic fever
<input type="checkbox"/> Heart problems	<input type="checkbox"/> Diabetes/Hypoglycemia
<input type="checkbox"/> Any medical conditions which might be aggravated by hiking or participating in the Pioneer Trek	

Explain if any of the above are checked: \_\_\_\_\_

(If you marked any of the above items, you may be requested to fill out a 2026 Pioneer Trek Physician Medical Release Form and have it completed by a medical doctor. If that form is requested, you cannot participate without it.)

Describe any medication allergies/reaction: \_\_\_\_\_

Medications currently being used: \_\_\_\_\_

Check any known food allergies: ☐ Dairy ☐ Gluten/Wheat ☐ Peanut ☐ Other – please explain \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

By signing below, the participant or his or her parent or guardian hereby (1) authorizes the Stake and Ward leaders to use the above medical information in connection with this Pioneer Trek and (2) authorizes the participant's health care providers to complete the attached 2026 Pioneer Trek Medical Release Form, if requested, and to release and disclose to the Stake and Ward leaders all information relating to the participant's medical conditions as they may relate to participation in this Pioneer Trek. This authorization shall constitute consent to the release of such information under all current and future laws, rules, and regulations, including, without limitation, the medical information privacy law and regulations generally referred to as HIPAA.

I agree to the terms of the Contract and Release, and I further agree that the release and indemnification provisions in paragraph 3 of that Contract and Release apply in full force to me, my heirs, personal representatives, successors, and assigns, and I declare that the above statements are complete and correct.

I agree to all of the above terms and declare that the above statements are complete and correct.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Participant)

As a parent, I am aware that my child will be participating in the Fruit Heights Utah Stake 2022 Pioneer Trek. I have read the foregoing Contract and Release, I have completed the Health History and Medical Release, I am aware of the circumstances my child will face on the Pioneer Trek, and I hereby give my full permission for him/her to participate. In the event any medical attention is needed, I hereby authorize Stake and Ward leaders to seek appropriate medical treatment and authorize the medical personnel in charge of my child to administer such medical care or treatment necessary or advisable in the diagnosis and/or treatment of my child.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

(Parent or guardian must sign here if participant is under 18 years of age. Participants 18 or older must sign here—for themselves)