

**WEST POINT GRAD MARCHBACK 2025
MEDICAL CLEARANCE FORM**

Participant Name: _____

Participant Date of Birth: _____

Dear Graduate,

Thank you for your interest in participating in the Graduate Marchback on 11 August 2025! To help ensure the safety of participants, West Point requires all participants aged 60 years and over (as of 11 August 2025) *wishing to participate in the full 14-mile march*, to obtain a medical clearance from a doctor, nurse practitioner, or physician's assistant. A clearance is not required to participate in the 2-mile march, although we encourage all participants to consult with a provider if there are any medical questions regarding participation.

Please have your provider fill out the portion below and return this form to thierno.kane@westpoint.edu prior to Marchback.

Participant Signature: _____ Date: _____

Dear Provider,

The West Point Graduate Marchback is an intense physical event that includes hiking approximately 14-miles over rough, hilly terrain. There will be three rest-stops during the course, and the pace will be approximately 20 minutes per mile, for a total of 5-6 hours (including rest stops). Emergency medical care and evacuation will be available but limited due to the rough and remote nature of the route. For those unable to participate in the full 14-mile march, there will be an option to join the final two miles of the march, a fully-paved portion of the route. Please initial one line below:

_____ The client **MAY FULLY** participate in the 14-mile hike without restriction

_____ Recommend the client participate **ONLY** in the shorter, 2-mile hike

_____ Recommend the client not take part in this event

Provider Name: _____ Provider Title: _____

Provider Signature: _____ Date: _____