

## TRIP PARTICIPATION / MEDICAL FORM

Trip guests have the responsibility to select a trip appropriate to their abilities and health. If you have any medical problems which may impede your participation in this trip, please consult your physician. The information below is required by the National Park Service in compliance with their one trip a year as well as by the Federal Aviation Association and must be completed for each guest.

**Trip Start Date** \_\_\_\_\_

PLEASE PRINT LEGIBLY

LEGAL FIRST NAME	LAST NAME	ZIP CODE	BIRTHDATE	HEIGHT	WEIGHT
T-SHIRT SIZE					

NOTE: if your chest measurements exceed 52", please contact our office for additional information

**Address** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**MEDICAL**

**RELEVANT PRE-EXISTING CONDITION(S)** \_\_\_\_\_

\_\_\_\_\_

**MEDS TAKEN FOR ABOVE CONDITION(S)** \_\_\_\_\_

\_\_\_\_\_

**PHYSICAL LIMITATIONS** \_\_\_\_\_

**INSECT/MEDICAL ALLERGIES** \_\_\_\_\_

Has your doctor advised against you taking or participating in any aspect of this trip?

\_\_\_\_\_ **No** \_\_\_\_\_ **Yes**

OR I choose NOT to share any medical information

please check

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**