

Please complete both side of this form for each participant and send it back with the reservation form

**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.

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

PLEASE PRINT LEGIBLY

LEGAL FIRST NAME	LAST NAME	ZIP CODE	BIRTHDATE	HEIGHT	WEIGHT

Please check if your chest measurement exceed 52"

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







