

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.

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Trip Start Date				
	PLEASE	PRINT LEGIBLY		
LEGAL FIRST NAME	LAST NAME		k if your chest nt exceed 52"	
Address			E-Mail	
City		State	Zip	
Phone (H)	(C)		(w)	
<u>MEDICAL</u> RELEVANT PRE-EXISTING	CONDITION(S)			
MEDS TAKEN FOR ABOVE	CONDITION(S)			
PHYSICAL LIMITATIONS_				
INSECT/MEDICAL ALLERG	iles			
Has your doctor advised a	ngainst you taking or part	icipating in any a	spect of this trip?	
NoYes	OR I choose NOT to s	hare any medica	l information	please check
Signatur			 Date	