



PARTICIPANT INFORMATION FORM

To help us plan for your trip, please complete this form and the Participant Agreement on the reverse side. This information is required for each member of your party. It is important that you Fax or mail both to our office prior to your trip departure date.

Trip Date: _____ Trip Name: _____

Personal Information:

Name: _____ Age: _____ Height*: _____ Weight*: _____

*For wetsuit & life vest sizing

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

If a roster of trip participants is required by guests, may we provide your information?

Yes: ___ No: ___ Yes, but omit: _____

Do you have any medical or physical conditions that could affect your safety or health on the trip?

Please explain any heart related conditions:

In case of emergency, contact: _____ Phone: _____

Are you allergic to bee stings? _____ Certain foods/other? _____

Do you have any dietary preferences, restrictions, concerns? _____

Because river trips involve risks, we recommend that guests supplement their own insurance policies with travel insurance. In the event you must cancel your reservation, try to find someone to take your place.

Cancellations made within 30 days of a trip departure date are non-refundable.

Please sign the Participant Agreement on the reverse side of this document.

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