



Rivers Edge Outdoor Excursions, LLC

Participant's Medical Information Form

Trip: _____
Location: _____

You must **READ, COMPLETE, and SIGN** this form in order to participate.
Incomplete or missing information and/or signatures will prevent participation.

Your Responsibilities:

Medical Considerations: If you have any medical or psychological conditions, it is very important you let us know well before departure so that we can make extra arrangements if necessary. *Trip leaders have the right to disqualify anyone at any time during the trip if they feel the trip member is mentally or physically incapable to continue and/or if a trip member's continued participation jeopardizes the groups or his/her own safety.* Under these circumstances refunds are not given. Rivers Edge Outdoor Excursions is not a medical facility and therefore has no responsibility regarding medical advice, medications or inoculations that you or your doctor(s) deem necessary for your safe participation. Hospital facilities for serious problems are often unavailable, and evacuation can be prolonged, difficult and expensive. Rivers Edge Outdoor Excursions assumes no liability regarding provision of medical care. By signing the Liability Release and Assumption of Risk Agreement, you agree to pay for emergency evacuation and emergency medical care. *Rivers Edge Outdoor Excursions reserves the right to decline to accept or retain any person as a tour participant should such person's behavior, health or mental condition impede the operation of the trip.*

Your Obligations as a Trip Participant By participating in an Rivers Edge Outdoor Excursions trip, class or program you assume certain obligations to Rivers Edge Outdoor Excursions and the other participants. It is your responsibility to:

- Select a trip/class that is appropriate to your interests and abilities and prepare for the trip/class by familiarizing yourself with the itinerary
- Bring appropriate equipment and clothing as advised by Rivers Edge Outdoor Excursions
- Follow considerate social behavior with other participants
- Respect the areas we visit by using environmentally safe products and practices, staying on established routes of travel, and not littering

PARTICIPANT'S Medical Information

Have you previously or do you currently have:

(Circle Yes or No)

YES NO Low or high blood pressure

YES NO Asthma (Do you carry an inhaler? YES / NO)

YES NO Back problems (please describe in the space provided)

YES NO Knee problems (please describe in the space provided)

YES NO Dizziness, fainting spells

YES NO Severe abdominal or menstrual cramps

YES NO Emotional impairment or disability

YES NO Immunizations current?

YES NO Thyroid trouble

YES NO Epilepsy or convulsions

YES NO ADD or ADHD (Please Circle)

YES NO Are you currently pregnant?

YES NO Are you presently using any medicines, alcohol, or drugs? Circle One YES or NO if yes please see Medication release form

YES NO Heart Problems (List: _____)

YES NO Allergies (drugs, bees... _____)

YES NO Recent sprains, fractures, or dislocations: _____

YES NO Diabetes (Type/Treatment: _____)

YES NO Current communicable diseases: _____

Date of Birth: _____ / _____ / _____ Height: _____ Sex: Male / Female Weight: _____ lbs.

Dietary Restrictions/Food Allergies: Vegetarian / Vegan / Gluten-Free / Other: _____

Insurance Carrier: _____ Policy #: _____

Doctor: _____ City: _____ Phone: _____

Additional Information:

Doctor's Note Attached

BY signing this form I acknowledge the above statements, that all information is correct and I am physical able to participate in THE TRIP.

Participant's Name: _____ Age: _____ Circle One: Swimmer / Non-Swimmer

Participant / Guardians Signature: _____ Date: _____

Email Address: _____ Phone: _____

Relationship to Minor if applicable _____