

Reservation # _____

TRIP MEMBER INFORMATION SHEET

Fax # 928-526-8246

RETURN
120 days before trip

PLEASE HAVE EACH MEMBER OF YOUR PARTY COMPLETE THIS FORM
AND RETURN IT TO OUR OFFICE 120 DAYS PRIOR TO YOUR TRIP.

This information allows us to be aware of health issues as well as information we can pass on to medical professionals in case of an emergency. This information will be shared with our staff and will otherwise be kept confidential. The information provided does not mean you will be denied access to any trip but will enable us to better accommodate any needs you may have. You may decline to provide your medical information but must do so in writing. If any of your information changes between now and your trip, please notify the office in writing.

Full Legal Name (First, Middle, Last) _____ Nick Name _____

Address _____ Trip Date & Type _____

City/State/Country _____ Zip Code _____

Home Phone Number _____ Email _____

Work Phone Number _____ Cell Phone _____

Person to notify in case of emergency:

Name _____ Relationship _____

Address _____ Daytime Number _____

City/State/Zip _____ Alternate Number _____



- Date of Birth ____/____/____ Height _____ Weight _____ (Information is needed to properly fit lifejackets; we reserve the right not to accept passengers weighing more than 250 lbs. or a waist/chest size exceeding 52 inches.)
- Swimming ability? strong fair none Previous camping experience? yes no
- What is your prior rafting experience (any type of craft) on whitewater rivers?
 Significant Moderate Little or none
Names of rivers and class _____

4. Do you have any of the following conditions?	YES	NO		YES	NO
• Muscle or joint problems (especially lower extremities) explain _____	<input type="checkbox"/>	<input type="checkbox"/>	• Diabetes explain _____	<input type="checkbox"/>	<input type="checkbox"/>
• Asthma (or other respiratory problems) Cause and medication _____	<input type="checkbox"/>	<input type="checkbox"/>	• Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>
• Any history of illness or condition that might be worsened due to the contributing environmental factors, i.e. sun, heat , cold, wet, dry, elevation [] [] explain _____	<input type="checkbox"/>	<input type="checkbox"/>	• Communicable disease explain _____	<input type="checkbox"/>	<input type="checkbox"/>
			• Cardiovascular disease explain _____	<input type="checkbox"/>	<input type="checkbox"/>

If you become pregnant between now and the start of your trip, please notify us!

5. Please provide any additional medical history or current medical condition not described in question #4

6. List any prescription medications you are currently taking, the dosage, and the condition for which you are taking it. Please indicate if your medication requires refrigeration.

I am not taking any prescription medications. I am taking the following prescription medications:

Some medications can produce negative side effects due to environmental factors such as, but not limited to, extreme sun and heat exposure. For example, some medications can increase susceptibility to dehydration. **Initial here you will contact your physician regarding this issue.**



7. List any over-the-counter medications you routinely take and for what purpose.

8. List any allergies and describe reaction.

Are you hypersensitive to insect stings?

If you have any potential for a systemic anaphylactic reaction, you are required to bring your own epinephrine because it is not provided. **Initial here that you will bring at least 2 kits if this is the case.**



9. Describe dietary restrictions (not dietary preferences). If vegetarian, specify types of protein you eat. If allergic, specify what it is that you are allergic to, amount you can or cannot eat, and the severity of your reaction. We can usually make some substitutions to meet your needs, but our ability to make significant changes is limited. Please contact our office if you have any concerns.

10. Are you a repeat passenger? If so, what is your trip history?

If not, it is helpful for us to know...how did you first hear about us?

11. **HYBRID TRIPS ONLY:** What percentage of the time are you interested in paddling? %

(We cannot guarantee 100% on our hybrid trips)

ALL-PADDLE TRIPS ONLY: You are expected to paddle 100% of the time.

MOTOR TRIPS ONLY: There is no paddle opportunity on your trip.

Please read the following information and sign below.

- a. The information provided on this form is accurate to the best of my knowledge.
- b. I am aware that I have signed up for a physical and active participatory adventure.
- c. IF YOU ARE HIKING THE BRIGHT ANGEL TRAIL as part of your trip, some of the above conditions or medical history may make hiking the Bright Angel Trail inadvisable. We do not recommend hiking up the Bright Angel if you have a history of heat related illness, heart related problems, or exercise induced asthma. We do not recommend hiking down the Bright Angel if you have any pre-existing problems with your joints or muscles (especially in your back or lower extremities). If this is the case, contact our office immediately for additional information or other trip options.
- d. I agree that each participant is hereby permitted and agrees to permit any other participant the right to photographic, video or film records of this trip without recourse.
- e. I understand and accept the conditions of the cancellation policy. Once paid, the deposit is non-refundable. My final trip balance is also non-refundable within 120 days prior to my trip departure date. My payment(s) are not transferrable toward a trip next river season. I also understand that it is recommended to buy trip insurance to cover myself for unforeseen circumstances that may cause me to cancel and/or to cover myself with other related trip insurance benefits.

Signature _____ Date _____

Reservation #

VISITORS ACKNOWLEDGMENT OF RISK

PLEASE DO NOT FAX...NEED ORIGINAL SIGNATURE.

120 days before trip
RETURN

In consideration of the services of Arizona Raft Adventures, Inc., Grand Canyon Discovery, Inc., their agents, employees, stockholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as "AzRA"), and after apprising myself of the risks, I agree as follows:

Although AzRA has taken reasonable steps to provide you with appropriate equipment and skilled guides so you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be cases of loss or damage to your equipment, accidental injury or illness, or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we think it is important for you to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all of those risks:

- Drowning or prolonged exposure to cold water;
- Slipping on wet surfaces and falling against or from, or being thrown against, hard objects in the raft, river or tributary;
- Being struck by, or falling against or from rocks or sharp objects while climbing or hiking in wilderness terrain where trails are generally not maintained, sometimes nonexistent, and may involve considerable exposure;
- Prolonged exposure to intense heat and sun;
- Bites from poisonous insects or reptiles;
- Intestinal or pulmonary infection from air or waterborne bacteria or virus;
- Prolonged delay in ability to obtain advanced life support (evacuation to medical facilities could take 24 hours or longer);
- Natural disasters such as rock falls and flashfloods;
- etc.

I am aware that white water rafting and hiking in rugged, desert terrain entails risks of injury or death to myself. I understand the description of these risks is not complete, and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for the risks identified herein, and for those risks not specifically identified. My participation in these activities is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of the risks.

I understand consuming alcohol increases the risks of many on and off river activities. In addition, alcohol consumption is illegal in the State of Arizona for anyone under 21 years of age even if under supervision of a parent.

I possess the following qualifications, which I understand are prerequisites to participation in this activity:

- All minors accompanying me are 10 years old or older (motor trips), 12 years old or older (oar trips), or 16 years old or older (all-paddle trips).
- I weigh 250 pounds or less and my maximum waist or chest size is 52 inches or less (maximum dimensions allowed for our Coast Guard approved life preservers).
- I have informed AzRA in writing of all pre-existing physiological impairments that might increase my chance of injury or death, or which might expose others to serious and potentially life-threatening diseases.
- My physical condition allows me to participate in activities described above without endangering myself or others.
- I agree to follow all rules and warnings, written or verbal.
- I am up to date with my tetanus shot.

I certify that I am fully capable of participating in this activity. Therefore, I assume full responsibility for myself, including my minor children, for bodily injury, death, loss of personal property, and expenses thereof as a result of those inherent risks and/or of my negligence in participating in this activity.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representatives, estate, and all members of my family, including any minors accompanying me.

ALL LEGAL GUARDIAN SIGNATURES ARE REQUIRED FOR MINORS (AGE 17 AND UNDER).

The Name Your Party is Booked Under: Your Signature _____

Please Print

Your Name _____

Your

Signature _____

Please Print

Your Name _____

Today's Date: _____