

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 (not on the trip):

Name _____ Relationship _____
 Address _____ Daytime Number _____
 City/State/Zip _____ Alternate Number _____



1. 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.**)

2. Swimming ability? [] strong [] fair [] none Previous camping experience? [] yes [] no

3. 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 _____	[]	[]	[]	[]
• Asthma (or other respiratory problems) Cause and medication _____	[]	[]	[]	[]
• 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 _____	[]	[]	[]	[]

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

- continued on reverse side -

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:

Medications can produce negative side effects due to environmental factors such as, but not limited to, extreme sun and heat exposure. For example, medications can increase susceptibility to dehydration.

If you list any prescriptions, 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. Do you have any allergies? Yes / No (circle)

What are you allergic to? _____ How sensitive are you? _____

Describe your reaction: _____

Are you hypersensitive to insect stings? Yes / No (circle)

Even minor allergic reactions can increase the potential for a systemic anaphylactic reaction. Anaphylaxis is very serious in the Grand Canyon because of the time it may take to evacuate you to definitive medical care. Epinephrine is only available by prescription, therefore, is not stocked in the first aid supplies on the trip. Bring your own supply (at least two kits recommended) and if you have additional questions, discuss this topic with your physician.

Will you be bringing your own epinephrine? Yes / No (circle)

If you listed any allergies, initial here that you have read this statement _____



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 this was your first trip, how did you 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 transferable 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 _____