



## 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.**

Mountain & River Adventures  
P. O. Box 858  
Kernville, CA 93238  
(760) 376-6553  
Fax: (760) 376-1267  
E-mail: mtnriver@mtnriver.com