

# Yellowstone 2017-Land of Great Predators

This questionnaire is not intended as an invasion of privacy, but as a planning and informational instrument for planning this trip. The information will be kept confidential. It is necessary in case of emergencies that may take place on any wilderness trip.

**It may be necessary for you to let your next of kin know your whereabouts. Please leave them a copy of our itinerary.**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ State/Zip \_\_\_\_\_

Emergency Contact/Name & Phone \_\_\_\_\_

Are you currently taking any medications? What dosage?

\_\_\_\_\_

Physician's Name/Phone \_\_\_\_\_

Are you allergic to anything? \_\_\_\_\_

Are you allergic to any medication? \_\_\_\_\_

Do you have any medical condition(s) that may adversely affect you on this trip?

Please explain \_\_\_\_\_

\_\_\_\_\_

Current Medical Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Check if you have experience in any of the following areas:

backpacking \_\_\_\_\_ rock climbing \_\_\_\_\_ wilderness travel \_\_\_\_\_ camping \_\_\_\_\_

Explain \_\_\_\_\_

\_\_\_\_\_

Are you certified in First Aid/CPR? \_\_\_\_\_

**Realizing that time and urgency may mean the difference between life and death in a wilderness situation, I will follow all directives of the staff and guides and comply with them immediately. I fully understand that there are dangers inherent with climbing, hiking, backpacking, and other outdoor activities as well as being in bear country. I will carry bear spray when necessary. I agree to participate in these activities knowingly and willfully. I willingly waive and release any liability relating to the undertaking of this trip, taking full responsibility for my actions or inactions.**

\_\_\_\_\_

name-print

\_\_\_\_\_

signature

age

date