

E-Mail: Adventures@DiscoveryTreks.com

Registration / Waiver

**Please read all information carefully, fill out completely, sign and return both pages to us promptly via email, facsimile, or mail. All group members' information must be completed (parent or legal guardian must sign for minors).*

Trip Departure Date: Trip Name:

Full name:
First name M.I. Last name

Company name:
Address:
City:
State:
ZIP:
Country:
Email address:

No reservations will be accepted without an e-mail address

Primary phone #: - - Extension Country/City Code:
Work #: - - Extension Country/City Code:
Mobile #: - - Country/City Code:

Emergency contacts:

Your Age: Your Weight: Your Height:

Your Sex: Male Female

Medical Information: *Please keep in mind that a physical condition you may have, and that we are not made aware of may endanger yourself and other members of the group.*

Allergies:

Dietary Restrictions:

Please be specific, we can accommodate many requests but in some instances you may need to bring appropriate supplemental food items, etc.

Special Medications:

Please be specific – include medicine name and reason prescribed

Recent Surgery / Operation (last 24 mos):

Injuries:
Physical limitations or impairments:

Please describe your background in outdoor and health club physical activities:

How do you rate your physical condition:

1 to 10 scale, 1 as out of shape and no hiking experience and 10 being extensive canyon hiking experience and high level of fitness