



To help us plan for your trip, please fill out this form and your Participant Agreement on the other side. Fax or mail to our office well before your trip departure date. This information is needed for each member of your party

Trip Date: \_\_\_\_\_ Kern River Section: \_\_\_\_\_

**PERSONAL INFORMATION:**

Your Name: \_\_\_\_\_ Age: \_\_\_\_\_ ht\*: \_\_\_\_\_' \_\_\_\_\_" wt\*: \_\_\_\_\_  
\*REQUIRED

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

May we send you our eNewsletter? [  ] Yes [  ] No

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Do you have any medical or physical conditions that could affect your safety or health on this trip?** [  ] Yes [  ] No

**Can you swim?** [  ] Yes [  ] No

If yes, please describe here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you allergic to bee stings? \_\_\_\_\_ Certain foods/other? \_\_\_\_\_

Do you have any dietary preferences, restrictions or concerns? \_\_\_\_\_

\_\_\_\_\_

Because river trips involved risks, we recommend that you supplement your own insurance policies with vacation insurance. Cancellations made within 30 days of a trip departure date are non-refundable.  
Please be sure to sign the Participant Agreement on the other side.