

## Participant Information & Medical Questionnaire

info@untamedpath.com

704-464-2373

In order to confirm your space on the trip please complete and return the form below. This enables Untamed Path operations to best serve you. All information will remain confidential and only be used as necessary to complete your reservation.

Participant #1:	Full name	(exactly as	written on p	asspor	t)		Date of Birth		
First	Middle	dle Last				mm/dd/yy			
Pas	sport Number	Cou	ntry Of	Issue	Da	nte Passport Expires			
Mailing									
Address									
	City		State		Zip/F	ostal Code	al Code Country		
Day phone I			Evening pho	Evening phone			Cell phone		
Email									
Additional partic	ipant's email								
		Emergen	cy Contact	Inforn	nation				
Name			Relation	Relationship					
Day Phone	Evening	Evening Phone							
Cell Phone	Email								
extended transpor prior medical con-	t of many hours to	days. For the	is reason it is	s import	ant for	Untamed Path	al facilities is usually to be aware of any ions. Thanks for your		

	Medical & Dietary Information (participant #1) - Please be specific, thank you.									
Height		Weight		Shoe size		Gender				
List all a (medical stings, er	l, dietary, insect									
_	restrictions preferences)									

Med	lical & Di	etary In	formation	Continued	(participa	nt #1)	
List all current medication being taken and reason wh	_						
List any physical limitation that may reduce your abilit to fully participate in all tractivities	zy						
Describe your current leve of health and physical condition	1						
Describe your current exercise routine							
Are you a smoker and do you plan on smoking durin the trip?	g						
Any additional medical information or conditions that we should know about	?						
Additional participa	nts with	the sam	ie conta	ct informa	tion as <b>j</b>	participant #	<sup>1</sup> 1:
Participant #2: Fu	ll name (e	xactly as	written or	passport)		Date	of Birth
First	N	4iddle	Last		mn	n/dd/yy	
Passport Nur	mber		Co	Country Of Issue		Date Passport Expires	
			1				
Medical & Diet	1	nation (p	participant	1 1	lease be s	pecific, thank y	ou.
Height	Weight			Shoe size		Gender	
List all allergies (medical, dietary, insect stings, etc.)							
Dietary restrictions (and/or preferences)							
List all current medications being taken and reason wh	-						

Medical & Dietary Information Continued (participant #2)						
List any physical limitations that may reduce your ability to fully participate in all trip activities						
Describe your current level of health and physical condition						
Describe your current exercise routine						
Are you a smoker and do you plan on smoking during the trip?						
Any additional medical information or conditions that we should know about?						

Participant #3: Fu	Date of Birth				
First	Middle		Last		mm/dd/yy
Passport Number			Country Of Issue	D	ate Passport Expires

Medical & Dietary Information (participant #3) - Please be specific, thank you.									
Height	Weight	Shoe size	Gender						
List all allergies (medical, dietary, insect stings, etc.)									
Dietary restrictions (and/or preferences)									
List all current medications being taken and reason why									
List any physical limitation that may reduce your ability to fully participate in all trip activities	y								

	Med	dical	& Die	tary Inf	ormatio	on Contin	nued (part	ticipant#	3)	
	your current leve and physical	:1								
Describe exercise	your current routine									
Are you a smoker and do you plan on smoking during the trip?		ng								
informat	itional medical ion or conditions hould know abou	t?								
Particip	ant #1· Fu	ll na	ma (ev	actly as	written (	on passpo	ort)		Date	of Rirth
1 at ticip	First	II II a		ddle	WILLEIN	on passpe	Last		Date of Birth mm/dd/yy	
	Passport Nu:	mber	•		Country Of Issue I		Date Passport Expires			
	Medical & Diet	tary l	Inform	ation (p	articipa	nt #4) ·	- Please	e be speci	fic, thank you	и.
Height		W	eight			Shoe	Size		Gender	
List all a (medical stings, et	, dietary, insect									
Dietary restrictions (and/or preferences)										
List all current medications being taken and reason why										
List any physical limitations that may reduce your ability to fully participate in all trip activities										
	reduce your ability articipate in all tr	ty								

Medical & Dietary Information Continued (participant #4)						
Describe your current exercise routine						
Are you a smoker and do you plan on smoking during the trip?						
Any additional medical information or conditions that we should know about?						