



Participant Information & Medical Questionnaire

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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 passport)	Date of Birth mm/dd/yy
First	Middle	Last		
Passport Number		Country Of Issue	Date Passport Expires	

Mailing Address				
	City	State	Zip/Postal Code	Country

Day phone	Evening phone	Cell phone
Email		
Additional participant's email		

Emergency Contact Information			
Name		Relationship	
Day Phone		Evening Phone	
Cell Phone		Email	

Trips with Untamed Path often operate in remote areas where evacuation to modern medical facilities is usually extended transport of many hours to days. For this reason it is important for Untamed Path to be aware of any prior medical conditions that could affect the safety of our passengers in such remote locations. Thanks for your time and thoroughness in filling out this form.

Medical & Dietary Information (participant #1) - Please be specific, thank you.							
Height		Weight		Shoe size		Gender	
List all allergies (medical, dietary, insect stings, etc.)							
Dietary restrictions (and/or preferences)							

Medical & Dietary Information Continued (participant #1)	
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	
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?	

Additional participants with the same contact information as participant #1:

Participant #2: Full name (exactly as written on passport)			Date of Birth mm/dd/yy
First	Middle	Last	
Passport Number		Country Of Issue	Date Passport Expires

Medical & Dietary Information (participant #2) - 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							

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: Full name (exactly as written on passport)			Date of Birth mm/dd/yy
First	Middle	Last	
Passport Number		Country Of Issue	Date 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 limitations that may reduce your ability to fully participate in all trip activities							

Medical & Dietary Information Continued (participant #3)

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 #4: Full name (exactly as written on passport)			Date of Birth mm/dd/yy
First	Middle	Last	
Passport Number		Country Of Issue	Date Passport Expires

Medical & Dietary Information (participant #4) - 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 limitations that may reduce your ability to fully participate in all trip activities							
Describe your current level of health and physical condition							

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?