

PARTICIPANT INFORMATION IN CASE OF EMERGENCY

PARTICIPANT NAME	EMERGENCY CONTACT DETAILS		MEDICAL DISCLOSURE		
Participant Name	Emergency Contact Name	Emergency Contact Number	I have discussed any medical conditions and/or injuries which may impact my participation with the trip leader. (circle one)		If I answered yes to having any conditions or injuries that may impact my participation, I have discussed them with my doctor in regards to paddling and take full responsibility for my participation. (signature)
1			Yes	No concerns	
2			Yes	No concerns	
3			Yes	No concerns	
4			Yes	No concerns	
5			Yes	No concerns	
6			Yes	No concerns	
7			Yes	No concerns	
8			Yes	No concerns	
9			Yes	No concerns	
10			Yes	No concerns	
11			Yes	No concerns	
12			Yes	No concerns	
13			Yes	No concerns	
14			Yes	No concerns	