

ADDITIONAL TRIP INFORMATION

Participant Name: _____

Trip Date: _____

Reservation Name: _____

All participants must fill out the following information:

1. The following is a **nonexhaustive** list of medical conditions that could potentially be exacerbated by the activities at Noah's Ark, **especially intense exercise and swimming, cold water immersion and hypothermia**. If you currently have, or have a history of, any of the following medical conditions, or others that you are in question about, we **recommend** you consult with your Health Care Provider prior to your trip at Noah's Ark.

1. Chronic cardiovascular disease (i.e. history of heart attack, heart failure, atrial fibrillation or other dysrhythmia, peripheral vascular disease, history of stroke, etc.)
2. Current pregnancy
3. Bleeding or clotting disorders, or currently taking any strong blood thinners
4. Seizure disorders
5. Chronic pulmonary disease (i.e. asthma, COPD, pulmonary fibrosis, etc.)
6. Severe environmental, food, or medication allergies
7. Diabetes
8. Chronic joint or back/neck injuries; including history of prior orthopedic surgeries
9. Altitude related conditions
10. Any other condition that may limit your ability to safely participate in intense exercise, and/or contribute to your own self rescue.

I agree to consult with my Health Care Provider if I have any of the above conditions AND to inform my **Trip Leader and Guide** at Noah's Ark prior to participating in any activities.

CIRCLE ONE:

YES I have one, or multiple, of the above medical conditions.

NO I **do not** have ANY of the above medical conditions.

If **YES**, please describe:

2. Do you have previous whitewater rafting experience?

CIRCLE ONE: YES NO

3. Emergency Contact:

Name

Relationship

Phone Number