RIVER OF NO RETURN WILDERNESS OUTFITTERS, INC.

TRIP MEMBER'S RESPONSIBILITY

I acknowledge that the personnel of River of No Return Wilderness Outfitters (RNRWO) are happy to discuss any and all aspects of the trip I am about to take with me if I have any further questions or concerns. I acknowledge that I and the members of my family have the responsibility to select a trip appropriate to our abilities and interest, and I agree that we are responsible for being in sufficient good health to undertake the trip. I acknowledge that I am responsible for studying all pre-departure information and bringing the appropriate clothing and equipment as advised therein. If I have any medical problems that may impede my participation in this trip or increase the risk of my participation, I have consulted my physician and obtained his/her approval, and I have advised RNRWO of this condition.

MEDICAL QUESTIONNAIRE

Please fill out the information below - ***one form for each party member*** - and return with the **Participant Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement**. This information will be kept confidential. Parent or legal guardian should fill out this information for minors under 21.

PLEASE CONSULT YOUR PHYSICIAN FOR ANY PHYSICAL OR MEDICAL CONDITIONS WHICH MAY AFFECT YOUR PARTICIPATION BEFORE TAKING THIS TRIP

Trip Participant (print): ____Trip Date:___________

Full Mailing Address:____

Gender: Male___ Female___ Height:______ Weight:________ Birth Date:_____________

Are you allergic to any foods? Yes _____ No _____

Are you allergic to insect bites or bee stings? Yes _____ No _____

Are you allergic to any medications? Yes _____ No _____

Within the past 3 years have you been under a physician's care or taking medication for:
Hypertension, Diabetes, Seizures, Shortness of Breath, Stroke, Vascular Problems, Pregnancy, Allergies or any Chronic Medical Conditions? (circle if yes) Yes _____ No _____

Has your doctor advised you against taking or participating in any aspect of this trip?
Yes _____ No _____

If yes to any of the above, please explain:

In an emergency, please notify _________________________________Phone:____________

I agree with the **Participant Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement** and certify that the information provided in the "Medical Questionnaire" is complete and correct to the best of my knowledge. I also agree to hold harmless River of No Return Wilderness Outfitters and its employees, for any failure, intentional or otherwise, to provide medical or other disclosures which may be significant to my health during participation in this trip.

________________________________	____________________________________	____________
Printed Name Of Participant (adult or minor)	Signature Of Participant (or parent or legal guardian if participant is under the age of 21)	Date

Please return this form to River of No Return Wilderness Outfitters, Inc.