

NAHANNI WILDERNESS ADVENTURES

PERSONAL DATA FORM

This information is necessary to promote your safety and the safety of others on your trip
PLEASE RETURN WITH FINAL PAYMENT. THANK YOU.

Name: _____ Trip Code: _____

Trip name: _____ Trip Dates: _____

Please rate your own physical fitness: Please circle.

Excellent Good Average Poor

Are you affected by any of the following? Circle if Yes.

Diabetes Asthma Hemophilic Back Problems Heart Condition Knee Problems

Others, please specify: _____

Do you smoke? ____

Does your vision depend upon the wearing of glasses or contact lenses? ____

If yes, will you bring a second pair? ____

Are you allergic to any of the following? Circle if Yes

Penicillin Bee stings Plants Insects Any foods _____

Others, please specify: _____

Do you have any special dietary requirements? _____

Are you receiving any medical treatment or taking any medication? _____

If yes please bring a duplicate prescription for the period of your trip.

Wet suit size: Pls. circle XSmall Small Med. Med. Lg. Large Xlarge Xxlarge
(canoe trips only)

Date and time of arrival: _____
(McLeod Meadows)

Name and location of hotel en route : _____

Departure date and time: _____

If you are driving when do you plan to leave home? _____

Is there a number you can be reached at en route? _____

Your Kootenay River trip takes you through a remote area of the British Columbia. While your guides are certified in basic wilderness first aid in case of a medical emergency, professional attention is not readily available. You must contact us with any changes prior to departure

I certify that the above information is complete and correct. Date: _____

Signature

Please print name