

**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    Haemophilic    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 in Norman Wells: \_\_\_\_\_

Name and location of hotel en route (ex. Edmonton or Yellowknife): \_\_\_\_\_

Departure date and time: \_\_\_\_\_

If you are driving when do you plan to leave home? \_\_\_\_\_

Is there a number you can be reached at enroute? \_\_\_\_\_

Your Mountain River trip takes you through a remote area of the Northwest Territories. 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