

Bear Basin Adventures

8103 US Hwy 26

Crowheart, WY, 82512

Phone: 307 486 2229

Email: bearbasinadventures@dteworld.com



RESERVATION FORM

Please complete one form for each guest, sign and return to the above address with check deposit

NAME: MR/MRS/MISS/MS _____

ADDRESS: _____ PHONE (H): _____

_____ PHONE (C): _____

EMAIL: _____

DATE OF BIRTH: _____ WEIGHT: _____ HEIGHT: _____

NAME OF RIDE: _____ DATES: _____

Please rate your riding ability: Beginner Intermediate Strong Intermediate Advanced

How long have you been riding? How often? _____

How is your health? Excellent ___ Good ___ Fair ___ Poor ___

Please describe your level of fitness and weekly physical activities: _____

Is there anything in particular you are working towards on this holiday? _____

Travel Companion(s): _____

Special Considerations: (dietary restrictions, allergies etc) _____

Where did you hear about us? _____

REFUND POLICY: Deposits are non-refundable. Final payment is due 45 days prior to the ride date. No refund will be given for cancellations 30 days and under, prior to trip departure date. We strongly urge clients to purchase trip cancellation insurance.

I understand that if my statements are not true, my reservation may be subject to adjustments or cancellation. All information provided in this reservation is accurate and current. My signature to this reservation form confirms my understanding and agreement with the terms therein.

Signature: _____

Date: _____

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Emergency Contact Information

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT THE PERSON BELOW:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____

Please be aware that Bear Basin Adventure programs may involve activities of moderate difficulty, including undulating terrain in unpredictable weather conditions.

Bear Basin Adventure's staff will render first aid only. In the event of illness or injury, a doctor or the highest qualified medical person available will be called at participant's expense. Please bring with you all medications you may need.

Confidential Health Information

The following information will help us assist you in an emergency situation:

1. Do you carry any medications? (specify) _____

2. Are you currently taking any medications? (specify)

3. Have you had, or currently have, any ongoing/chronic illness such as heart problems, diabetes, high blood pressure, asthma, epilepsy, hepatitis or other?

Explain _____

4. Should we be aware of any other medical concerns?
Explain _____

5. When was your last tetanus shot? _____ We recommend you have this shot prior to participating in trips with Bear Basin Adventures.

I hereby state that I am physically sound and in good health and any health conditions to which I am subject will not endanger me or any other participant on a Bear Basin Adventure Trip.

Signature: _____

Date: _____

Signature of parent for a minor (under 18yrs old): _____