



## 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: \_\_\_\_\_



**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): \_\_\_\_\_