

# ADVENTURES IN *Florida*

## APPROVAL FORM

Please complete this questionnaire and return it to ADVENTURES IN FLORIDA within 30 days.

Be as detailed and candid as possible with your answers. **Each participant**, regardless of age, must fill out a separate form. Use another sheet of paper if additional space is needed.

---

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Tel \_\_\_\_\_ Work Tel \_\_\_\_\_

E-mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

---

- Please indicate your swimming ability.  Advanced  Intermediate  Beginner  Non-Swimmer
  
- Please indicate your paddling ability.  Advanced  Intermediate  Beginner
  
- Have you ever been on an ADVENTURES IN FLORIDA trip before  Yes  No If yes, please list the most recent trip(s) including trip types, dates, trip names, locations, and Guides.
  
- What personal trips with related experience have you taken? Include dates, locations, and distances.
  
- Describe your wilderness/back country experience. Include dates, locations, and distances.
  
- Detail your regular physical activities and exercise program. What physical conditioning will you do to prepare yourself for this trip? Describe your general physical condition.

- What questions or concerns do you have regarding this trip?
- Do you have any dietary restrictions (vegetarian, vegan, wheat free, etc.)? Are you an especially big eater?
- What do you drink first thing in the morning? Coffee, tea, or cocoa? How much?
- Do you have any outdoor interests, hobbies, or specialties (birds, archaeology, geology, etc.)? Would you be willing to share them with the group?
- Describe your equipment (brand/model/condition). Will you be renting equipment from us?

Sleeping bag –

Tent –

- Are you going on this trip as a celebration? If so, what is the special occasion?

**Trip Name** \_\_\_\_\_ **Trip Dates** \_\_\_\_\_

# ADVENTURES IN *Florida*

## MEDICAL FORM

**Please complete this form and return it to ADVENTURES IN FLORIDA within 30 days.**

We ask for this information so that our Staff will know in advance of special medical conditions you may have, rather than learning about them in a crisis. Also, in the event of serious injury or illness, this form provides emergency medical personnel with a useful medical history. After reviewing this form, your AIF Guide may contact you to discuss whether the trip will be safe and enjoyable for you, considering your medical history.

We will keep the information on this form confidential. It will be seen only by staff, medical personnel, or others who know and understand its confidential nature. The form will be retained along with your liability waiver for a period of time following the trip, after which it will be destroyed. If you choose not to go on the trip, this form will be destroyed immediately.

### GENERAL INFORMATION

Name _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address _____			
City _____	State _____	Zip Code _____	
Home Tel _____	Work Tel _____		
E-mail Address _____		Date of Birth _____	
_____			
Height _____	Weight _____	Blood Pressure _____	Resting Pulse _____

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Tel \_\_\_\_\_ Work Tel \_\_\_\_\_ Cell \_\_\_\_\_

If the above person is unavailable, please notify \_\_\_\_\_ Relationship \_\_\_\_\_

Home Tel \_\_\_\_\_ Work Tel \_\_\_\_\_ Cel \_\_\_\_\_

### MEDICAL INSURANCE INFORMATION

**We strongly encourage you to have medical and evacuation insurance and to bring your insurance card or other documentation with you on the trip. You are financially responsible in the event of an emergency.**

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Contact Telephone Number (if applicable) \_\_\_\_\_

### ALLERGIES

Include medicines, food, animals, insect bites and stings, and environmental (dust, pollen, etc.)  NONE

Allergy	Reaction	Medication Required (if any)

### MEDICAL HISTORY

Please list all prescription, over-the-counter, and natural medications you are taking. *Use a separate sheet if necessary.*

Medication Name	Dosage	Frequency	Side Effects (known & potential)	Reason for Taking

- Recent illness? \_\_\_\_\_
- Accidents, operations, hospitalizations? \_\_\_\_\_
- Recent exposure to infectious diseases? \_\_\_\_\_
- Do you have asthma?  Yes  No *If yes, please list any medications above.*
- Do you have diabetes?  Yes  No *If yes, please list any medications above.*
- Do you have a history of high blood pressure?  Yes  No *If yes, please explain on a separate sheet.*
- Do you have a history of heart attacks?  Yes  No *If yes, please explain on a separate sheet.*
- Do you have any problems with your eyes or vision?  Yes  No *If you wear prescription glasses or contacts, we recommend you bring a spare set.*
- Do you have any problems with your hearing?  Yes  No *If yes, please explain.*
- Are you pregnant?  Yes  No
- Do you have any bone, joint, or muscle problems?  Yes  No *If yes, please explain on a separate sheet.*
- Have you ever had a seizure?  Yes  No *If yes, please explain on a separate sheet.*
- Have you ever experienced altitude problems?  Yes  No *If yes, please explain on a separate sheet.*
- Do you have any other medical issues that might affect your participation in the trip?  Yes  No *If yes, please explain.* \_\_\_\_\_

• The outing may require vigorous activity, extended climbing and hiking, and other physically and mentally demanding exertion in isolated areas without medical facilities, medical providers, or means of contacting rescue or medical personnel. Please state below all physical or mental limitations and restrictions of which you are aware:  
**If you have no such limitations, please initial here:** \_\_\_\_\_

• **Tetanus:** It is strongly advised that you are inoculated against this fatal disease and you obtain a booster within every 10 years. The date of your most recent Tetanus inoculation or booster: \_\_\_\_\_

### PHYSICAL EXAMINATION

Date of most recent physical \_\_\_\_\_ Physician's Name \_\_\_\_\_  
Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Physician's Signature (if required) \_\_\_\_\_

**Please notify ADVENTURES IN FLORIDA immediately if any information on this form changes.**

Trip Name _____	Trip Dates _____
-----------------	------------------

# ADVENTURES IN *Florida*

## RELEASE OF LIABILITY/ASSUMPTION OF RISK

READ THE FOLLOWING AND ALL ADULTS MUST SIGN.

I am aware that outdoor recreational activities can be hazardous and I assume all risk of injury, loss of life, and damage to person and property during such activity, fully realizing that **Adventures in Florida LLC**, or its agents are not responsible for any such injury, loss of life, or damage to person or property, and Agree to pay for, defend, indemnify, and hold **Adventures in Florida LLC**, or its agents, employees, successors and assign harmless from all liabilities, claims, demands, costs, losses, expenses or compensation of whatever nature, for loss, damage or injuries to persons and property sustained by me, my heirs, personal representatives, successors and assigns, and all other persons resulting from or in any way connected with transporting or use of equipment furnished by **Adventures in Florida LLC**, or its agents, directly or indirectly caused or contributed to the cause of said injury, loss of life or damage to persons or property by their negligent acts, gross negligence or recklessness. I understand the use of equipment furnished by **Adventures in Florida, LLC**, constitutes an acceptance of said equipment on a lease basis "AS IS" I agree to pay for damage done to said equipment or property of others. If I fail to return any or all of said equipment, I will reimburse **Adventures in Florida, LLC**, for the amount of replacement cost. If **Adventures in Florida, LLC**, personnel must search for any equipment due to irresponsible actions by myself, or any member of my party, I will pay for said search. I as a parent or guardian or supervisor of a minor child, make this agreement individually and on behalf of this minor child to induce **Adventures in Florida, LLC**, to allow this child to participate in this activity.

I have read and I understand and agree with all terms.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (of Parent or Guardian if above signed is a minor)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TRIP TITLE AND TRIP DATES

\_\_\_\_\_  
DATE

# ADVENTURES <sup>IN</sup> *Florida*

## ACCOMMODATION INFORMATION

While the ADVENTURES IN FLORIDA Guide may be able to assist you with planning your travel, transportation to the starting point of the trip is ultimately the participant's responsibility. Only after you have been approved by the Guide, should you finalize your travel plans. At that point, please complete this form and return to ADVENTURES IN FLORIDA.

Departure City \_\_\_\_\_ Arrival City \_\_\_\_\_

Traveling by  Plane  Car  Plane & Car Rental

### TRAVELING BY PLANE

Airline \_\_\_\_\_ Flight Number \_\_\_\_\_

Arrival Date \_\_\_\_\_ Arrival Time \_\_\_\_\_

Departure Date \_\_\_\_\_ Departure Time \_\_\_\_\_

### TRAVELING BY CAR

Driving Alone \_\_\_\_\_  As a passenger with \_\_\_\_\_

Arrival Date \_\_\_\_\_ Arrival Time \_\_\_\_\_

Departure Date \_\_\_\_\_ Departure Time \_\_\_\_\_

I can take \_\_\_\_\_ extra riders from \_\_\_\_\_ to \_\_\_\_\_

I am interested in carpooling from \_\_\_\_\_ to \_\_\_\_\_

Please send my name to other participants so that I can coordinate rides with others.

Hotel Name \_\_\_\_\_ Dates \_\_\_\_\_