



# Participant Information Form

Trip: _____	Trip Dates: _____ month / day / year
<input type="checkbox"/> I am participating in the Leadership Initiative (LI.)	

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sac State Student    
  Sac State Fac / Staff / Alumni Association    
  General Public

**Medical Information: If none, please write**

1. List allergies if any: (insect bites, drugs, food, etc. \*NOTE\* counteractive medication should be carried at all times)  
 Circle one:    NONE        YES    \_\_\_\_\_
2. List any medications currently taken:  
 Circle one:    NONE        YES    \_\_\_\_\_
3. List any serious illness or injury occurring in the past three years:  
 Circle one:    NONE        YES    \_\_\_\_\_
4. List any current medical conditions: (asthma, diabetes, epilepsy, heart conditions, etc.)  
 Circle one:    NONE        YES    \_\_\_\_\_
5. List any conditions and instructions, if currently under a doctor's care:  
 Circle one:    NONE        YES    \_\_\_\_\_
6. List any other condition that may affect your ability to participate: (history of cardiac conditions in the family, etc.)  
 Circle one:    NONE        YES    \_\_\_\_\_

**Emergency Contacts (Must be people who are not on the trip with you.)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Cancellation and Refund Policy**

1. Cancellations made more than 10 business days prior to event will receive a refund.
2. Cancellations made 10 business days or less before the event are not eligible for a refund.
3. There is a \$10 fee for all transfers.
4. Should Peak Adventures cancel a trip or class, we will issue a credit or full refund. Reasons may include severe weather, road conditions, instructor illness and participant numbers.

I have read and understand the Cancellation & Refund Policy: \_\_\_\_\_  
Signature Date