

Special Trips

Trip: _____

Ski and Ride, Whale Watching, Kayak La Jolla, Horseback
Yosemite, Whitewater Rafting, Bungee Jumping, Surf So Cal,
Channel Islands, Kayak Big Sur, Hawaii, Yellowstone

ASSOCIATED
STUDENTS



I. Basic Personal Information

Full Name: _____ Date of Birth: _____ Cell Phone: _____

Address: _____

Street

City

State

Zip Code

CSUN Email: _____ Student ID: _____

Year In School: Freshman Sophomore Junior Senior Graduate Faculty/Staff/Alumni

II. Emergency Contact Information

Name: _____ Relationship: _____ Contact's phone number: _____

III. Medical information

Insurance Provider: _____ Policy number: _____

Do you have any current medical concerns that might limit activity? (past injuries, current conditions, physical limitations, etc.)

Yes ☐ No ☐ If you answered yes, please explain any medical concerns.

Do you have any allergies? (medications, stings, food, iodine, latex, etc.)

Yes ☐ No ☐ If you answered yes, please explain any allergies.

Are you currently taking any medications? (Please include inhalers)

Yes ☐ No ☐ If you answered yes, please explain the dosage and times taken:

Do you have any dietary restrictions? (vegan, lactose intolerant, kosher, "I don't like pickles")

I understand that I am voluntarily participating in this trip with the Outdoor Adventure program and I hereby authorize and release my medical information to the staff. I understand that the accuracy of the information provided by me is for my protection and safety. By signing this form I hereby acknowledge that all information is accurate and current. In case of accident or illness, I am hereby authorizing the trip leader(s) and/or program officials to administer and/or seek medical treatment for me as they see fit. I understand that the university and Associated Students does not provide insurance for me and that I should consult my physician before participating in this program.

Signature of Participant

Date

IV. Rental Agreement

Equipment must be returned clean, dry and in good rental condition or a cleaning/damage fee will be assessed. A replacement fee will be due for any lost, stolen or un-repairable equipment. The Outdoor Adventure Staff will determine the amount of these charges. The maximum fee is the full retail replacement cost of the equipment. Initial _____

V. CANCELLATIONS -

Special Trips are NON REFUNDABLE. If you are unable to attend the trip, the paying participant is ineligible for a refund (monetary or credit) or transfer onto another trip. Outdoor Adventures reserves the right to cancel a trip due to incompatible conditions for the activity. In the event Outdoor Adventures cancels the trip you will receive a full monetary refund.

Signature of Participant

Date

Signature of Parent/Guardian of Minor

Date

Print (name)

Participants Age (if Minor) _____

Revised 12/20/16

Date Paid: _____

Staff Initial: _____