

**Trip:** \_\_\_\_\_

ASSOCIATED  
**STUDENTS**



## I. Basic Personal Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

CSUN Email (non-students any email): \_\_\_\_\_ Student ID: \_\_\_\_\_

Check one of the following: Student ☐ Student Guest ☐ Faculty/Staff/Alumni ☐ Public ☐

## 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 and REFUNDS

Cancellations made 14 days or *more* before the trip will receive a refund minus a 20% processing fee. Cancellations made 14 days or *less* before the trip will not be eligible for a refund. Outdoor Adventures reserves the right to cancel any trip for any reason. Reasons may include but are not limited to: severe weather, road conditions, instructor illness and participant numbers. 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

Participants Age (if Minor) \_\_\_\_\_

Print (name)

Revised 12/20/16

Date Paid: \_\_\_\_\_

Staff Initial: \_\_\_\_\_