

# Emergency Information (fill out and return)

This information is for emergency purposes only. It will be destroyed upon your return.  
 You are not required to provide this information.

<b>Name</b>		
<b>Address</b>		
<b>Emergency contact:</b>	Name:	
	Address:	
<b>Relationship</b>		
<b>Emergency Telephone</b>		
<b>Your Passport Number</b>		
<b>Your Blood Type</b>		
<b>Allergies</b>		
<b>Medical Conditions</b>		
<b>Personal, Insurance or Travel Insurance Coverage</b>	Name:	
	Contact No.	
	Type of Coverage	
I understand that adventure travel is generally safe but is not without risks. I accept responsibility for the consequence of my actions either affecting me directly or indirectly and I accept the risks associated with international travel. I authorize the use of the information above as necessary for emergency purposes Signature _____		Date:
I decline to provide emergency information requested above and I accept responsibility for any expenses or efforts extended in my behalf as a result of an emergency. (Sign only if declining to provide information) Signature _____		Date: