

Guest Health and Information Form – Ouzel Outfitters

PLEASE RETURN THIS FORM TO OUR OFFICE AT YOUR EARLIEST CONVENIENCE

Please take time to fill out this form completely. An [Online Form](#) is also available. We use the information you provide to make your trip as safe and enjoyable as possible. One form per participant please. All information is confidential. You may fax this form to 541-385-0461.

Reservation # (from invoice) _____ Trip _____ Trip
Date _____

Name of Participant: _____ Age _____ Ht _____ Wt _____ DOB:

If minor, name of custodial
parent _____

Street
Address _____ City _____ State _____ Zip _____

Phone (Day) _____ E-
Mail _____ Occupation _____

Can you swim? _____ Each overnight guest receives a free T-Shirt (Circle Your Size) Y S M L XL XXL

On rare occasions it is necessary to contact customers the day or evening before a trip. How can we contact you (cell?) or where will you be staying the night before?

In case of emergency, notify: (name, address, phone, relationship)

Medical & Dietary Information

Raft trips can at times be exciting and/or strenuous, and therefore are designed and recommended for people in sound physical condition without major medical or health impairments of any kind. Injuries are uncommon but if treatment is required it helps our staff to know the following information.

Bee Sting Allergies

I have no known bee sting allergy

I have a bee sting allergy (indicate below)

If you have a bee sting allergy, please describe you last reaction. Do you carry epinephrine?

(We do not carry epinephrine. If you have a serious allergy we strongly recommend that you consult your physician.)

Medication Allergies

I have no known medication allergies

I am allergic to the following medication (indicate below)

Food Allergies

I have no known food allergies

I am allergic to the following foods (indicate below)

Medications

- I do not require medications
- I require the following medications (please list medications, dose amount and the reason for taking below)

(For required medications we recommend bringing a back-up supply to be packed and carried in a separate location.)

Medical Conditions

Please list any health or medical conditions that may affect the health or safety of Ouzel staff and guests or might affect your ability to participate in trip activities. (i.e. recent surgeries or injuries, chronic ailments, disabilities, psychological disorders, previous illnesses such as hypothermia or heat stroke, etc...)

- I have no known pertinent previous medical conditions or health issues.
- I have pertinent medical conditions or health issues (please list below)

Dietary Restrictions

Please list any dietary restrictions (not preferences)

Ouzel Outfitters highly recommends trip cancellation insurance and has provided you with a link to Travel Insurance Select in your confirmation letter and/or has sent you a brochure along with this form. Please acknowledge that you have received this information. I have received this information. I have **NOT** received this information.

Camping Equipment: As part of your trip fare, tents (sleeps two or four), sleeping bags and pads are included. Please indicate below the preferences and quantities needed for your group. If left blank we will provide each person with a sleeping bag and pad and one tent for every two people in your group. You are welcome to bring your own camping equipment.

PLEASE PROVIDE ME WITH...
_____ Outfitter Tents (sleeps 2)
_____ Family Sized Tents (sleeps 4)
_____ Sleeping Bags
_____ Sleeping Pads
<input type="checkbox"/> I don't need any camping gear because I am bringing my own.
<input type="checkbox"/> My camping gear preferences are on someone else's form.

<u>Vehicle Information</u>
It is helpful to know which vehicles belong to our guests. For all multi-day Deschutes and John Day trips, we <u>must have</u> this information
Year _____ Make _____
Model _____ Color _____
License # _____ State _____
<i>Ouzel is not responsible for damage or theft to or from your vehicle while unattended during a trip. Please do not leave valuables in your vehicle.</i>

RETURN TO:
Ouzel Outfitters
PO Box 817 Bend, OR 97709

Fax
541-385-0461

QUESTIONS?
800-788-7238
info@OregonRafting.com