



FAR-FLUNG ADVENTURES

P.O. Box 707 El Prado NM 87529

1-575-758-2628

www.farflung.com

CLIENT INFORMATION

TRIP: _____ DATE: _____ GROUP NAME: _____

NAME: _____

Address _____

City _____ State _____ Zip _____

TELEPHONE: Home _____ Work _____

E-mail: _____

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____ WORK PHONE: _____

TELL US A LITTLE ABOUT YOU

Age _____ Height _____ Weight _____ SIZE: __XS __S __MED __L __XL __XXL

Rafting Experience

____None
____Some
____A lot

Camping Experience

____None
____Some
____A lot

Swimming

I Need to Rent ___ Sleeping Kit @ \$12/night (bag & pad) ___ Sleeping Bag (\$7/night) ___ Sleeping Pad (\$5/night)

Cot (\$10/night)

Deluxe Sleep Kit @ \$20/night (cot, bag, pad)

MENU CONSIDERATIONS

***WE ARE NOT LICENCED TO SERVE ALCOHOLIC BEVERAGES.**

Are you a Vegetarian? Y or N If Yes, what protein do you eat? _____

If No, what meat do you eat? Red Meat Y or N Chicken Y or N Fish Y or N Pork Y or N

We are happy to accommodate vegetarians with enough advanced notice. While we try to accommodate other special dietary needs, we are not always able. Please understand that we may not be able to completely meet your needs, and cannot always provide the same diversity as our regular menu for special dietary requests. If you have a severe food allergy, we need to have an in depth conversation about what can and cannot be done.

Food allergies: _____

MEDICAL INFORMATION

MEDICAL INSURANCE: _____ POLICY#: _____

“putting people and rivers together since 1976”

Phone: 575-758-2628 e-mail: info@farflung.com

Have you ever experienced any of the following?

Altitude sickness Heart Problems* Stroke Migraine headaches
 Heat exhaustion Asthma Epilepsy Hay fever Other

If you answered yes to any of the above, please explain:

**If you have been treated for heart disease in the past year, please have your physician certify your fitness for river travel involving moderate exertion or stress at high altitude (see below).*

Do you have any allergies to the following?

Insects(bees, etc.) _____ Plants _____ Medications _____ Sun _____ Other _____

If so, please explain: _____

Are you taking any medications-please indicate the type and dosage:

Blood pressure _____ Heart medications _____
Epilepsy _____ Antibiotics _____
Antidepressant _____ Other _____

Any additional medical history or physical conditions: _____

PREGNANCY Are you pregnant? _____ If yes, please have your physician certify your fitness level.

I am the physician of _____ and give my clearance for her to participate in an outdoor river/wilderness adventure.

Physicians Signature _____ Date _____

HEART DISEASE/PROBLEMS

I am the physician of _____ and give my clearance for him/her to participate in an outdoor river/wilderness adventure.

Physicians Signature _____ Date _____

PARTICIPANT'S SIGNATURE: _____

These questions are designed to help us in making this a more enjoyable and safe trip. This information is considered private and confidential. Thank you for being totally honest, especially on the weight and red meat sections. If you say you are vegetarian and we don't have a steak or bacon for you, don't be mad.

**PLEASE SUBMIT THIS FORM AT LEAST ONE WEEK PRIOR TO YOUR TRIP TO:
info@farflung.com**