



ADULT / FAMILY: PARTICIPANT INFORMATION AND RELEASE

Thank you for participating in a Swift Adventure Co. program, workshop, or trip.

Please take a few moments to complete this form. Please submit this form by email to howdy@builtbyswift.com

Title of program/workshop/trip _____ Date(s): _____

Participant name (Last)	(First)	(Middle Initial)	DOB (M/D/Y)	
Mailing Address	City	State	Zip	Country
Home Phone ()	Email Address			
Cell Phone ()				
Work Phone ()				

EMERGENCY CONTACTS

Name of Contact	Relationship			
Home Phone ()	Cell Phone ()	Email Address		
Work Phone ()				
Name of Contact	Relationship			
Home Phone ()	Cell Phone ()	Email Address		
Work Phone ()				

HEALTH INFORMATION

The information you provide may be critical to emergency medical responders in the event you become ill or injured. All personal information will be kept strictly confidential.

Please describe any serious medical conditions you are experiencing, medications you are taking, or any allergies that you may have. Please include any medical information or medical history that may help emergency medical responders. *By listing all medical conditions, you are consenting to SA Co. providing that confidential information to staff and first responders, who have reasonable need to know the information in order to provide emergency medical assistance.*

For programs with meals provided: Do you have any dietary restrictions (e.g. food allergies, vegetarian, vegan etc)? If yes, please describe. By listing your dietary restrictions, you are consenting to SA Co. providing all that information, including any confidential medical information, to staff who have a need to know the information in order to accomodate you. YES NO
