

ORICL TRIP EMERGENCY INFORMATION FORM

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Emergency Contact Name _____

Emergency Contact's Telephone Number _____

Are you diabetic? _____ Do you have food allergies? _____

Are you allergic to any medications? _____

Please list any other medical condition that ORICL needs to be made aware of?

****For your safety, please bring a list of medications that you routinely take and the dosage, retaining it with you throughout the trip/activity.**

By signing below, I acknowledge that:

1. I understand that ORICL is a non-profit organization that plans for my general trip safety, but is not responsible for injuries, illnesses, and/or medical conditions suffered on any ORICL trip.
2. I am aware of the physical capabilities required for participation in the trip(s) for which I am registered.
3. I understand that refunds will not be made after the cancellation date listed in the current ORICL catalog, unless an ORICL member is found to take my place.

Signature _____ Date _____