

**RIDGERUNNER OUTFITTERS LLC
CONFIDENTIAL QUESTIONNAIRE**

Full Name _____ Preferred Name _____
Address _____ City _____ State _____ Zip _____
Phone H(____) _____ W(____) _____ C(____) _____ Gender _____ Age _____
SSN (**last-4**) -or- Passport # (int'l clients) * _____ - _____ - _____ * required by IDF&G and most Medical Services
Height _____ Weight _____ Hair Color _____ Eye Color _____ Birth Date ** _____
Email Address _____

HEALTH

Medical History - List any pertinent medical problems or major surgery in the event of a medical emergency should you become unable to answer for yourself: _____

Current Medications - List name and dosage, indicating condition used for: _____

Allergies: _____

List any dietary restrictions or foods you absolutely won't eat? _____

Do you have any other physical or mental problems that might in any way interfere with the type of trip you have booked? _____ If yes, explain: _____

EMERGENCY CONTACTS

Name _____
Relationship _____
Address _____
City _____ State _____ Zip _____
Phone - day (____) _____
 night (____) _____

Name _____
Relationship _____
Address _____
City _____ State _____ Zip _____
Phone - day (____) _____
 night (____) _____

COMMENTS

We respect your right to privacy and file all questionnaires as CONFIDENTIAL and will be used only in the event of an emergency and then shared only with responding medical and/or rescue personnel.

I have read this page and initial to show that I understand and agree: _____