

SOUTHWEST WILDERNESS OUTFITTERS, LLC

P.O. Box 1168
Pagosa Springs, Colorado 81147
Phone/Fax: (970) 264-2655
Toll Free: (888) 246-0970

Please print clearly and legibly, and include all of the requested information. This document is a part of our contract, therefore complete and accurate information is required.

DATE: ___/___/___

CONTACT PERSON:

Name: _____ Age: _____

Address (Street, Apt#, City, State & Zip Code):

Phone Work: _____ Home: _____ E-mail: _____

How did you hear of Southwest Wilderness Outfitters, LLC?

Southwest Wilderness Outfitters, LLC, wants you and your party to have the safest, most enjoyable experience possible. The following information will help us to ensure that happens. **HEALTH, MEDICAL AND DIETARY CONCERNS:** List any and all physical conditions that would affect your ability to hike at altitudes up to 12,500 ft. These include any knee, foot, leg, respiratory and cardiac conditions. If you have any questions or doubts, consult your physician and let him/her know about your expedition plans. Also list all allergies, dietary restrictions (for any reason), current medications, handicaps and physical limitations. **DO NOT OMIT ANYTHING THAT IS RELEVANT...this is for your benefit and will help ensure your comfort and enjoyment while trekking in the wilderness.**

Briefly describe your hiking, camping and high altitude experience: _____

Please list any health, medical or dietary concerns: _____

COMPLETE THE FOLLOWING FOR EACH ADDITIONAL MEMBER OF YOUR PARTY...

Name: _____ Age: _____ Address: _____

Hiking, camping and high altitude experience: _____

Health, medical or dietary concerns: _____

Name: _____ Age: _____ Address: _____

Hiking, camping and high altitude experience: _____

Health, medical or dietary concerns: _____

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Hiking, camping and high altitude experience: _____

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Health, medical or dietary concerns: _____

Name: _____ Age: _____ Address: _____
Hiking, camping and high altitude experience: _____

Health, medical or dietary concerns: _____

TRIP LOCATION/DATES: Please choose primary and backup dates. Must be 1 to 4 days in length...

Trip Location: _____

1st Choice: ___/___/___ through ___/___/___ 2nd Choice: ___/___/___ through ___/___/___

RENTAL REQUIREMENTS (Indicate number of each required):

Sleeping Bags: _____ Sleeping Pads: _____ Rain Gear: _____ Water Bottles: _____

I have read the web site and I fully understand and accept the terms and conditions and all information concerning physical fitness, weather, clothing, camping, altitude, safety rules and all other pertinent information stated therein and I know what to expect on a trip with Southwest Wilderness Outfitters, LLC. I have answered all questions accurately and completely and have included all relevant information.

SIGNATURES:

Name: _____ Signature _____ Date: ___/___/___

Name: _____ Signature _____ Date: ___/___/___

Name: _____ Signature _____ Date: ___/___/___

Name: _____ Signature _____ Date: ___/___/___

Name: _____ Signature _____ Date: ___/___/___

Name: _____ Signature _____ Date: ___/___/___

Name: _____ Signature _____ Date: ___/___/___

Name: _____ Signature _____ Date: ___/___/___

NOTE: A PARENT OR GUARDIAN MUST SIGN FOR ALL MINORS