EMERGENCY CONTACT & PASSENGER INFORMATION

Please complete this form before departure. Information is used only in the event of an emergency.

Once we receive your completed form, you do not need to submit a new form for every trip. Please provide an updated form only if any of your information changes.

PASSENGER INFORMATION

Passenger Name: _____

Home Address: _____

City / State / ZIP: _____

Cell Phone:

EMERGENCY CONTACT

Contact Name: _____

Relationship: _____

Primary Phone: _____

Alternate Phone:

MEDICAL / SAFETY INFORMATION

Please list only information you want emergency responders or Steve's American Adventures to know if an emergency occurs.

Allergies: _____

Medical Conditions: _____

Medications / Notes:

TRIP INFORMATION

Trip / Destination: _____

Trip Date: _____

Pickup Location:

ACKNOWLEDGMENT

I understand that the information on this form is provided voluntarily and may be used by Steve's American Adventures LLC or emergency personnel if needed for my health, safety, or emergency notification.

Passenger Signature: _____ **Date:** _____