

FULL REGISTRATION AND LIABILITY FORM

First name _____

Last name _____

Trip departure date _____

Mailing address _____

City _____ State _____ Zip _____

Country _____

Home or cell phone number _____

Work phone number _____

Email address _____

Sex _____

Birth date _____

Emergency contact (NOT someone on the trip with you!) _____

Relationship _____

Address _____

Phone number _____

Email _____

Dietary restrictions (allergies or foods you refuse to eat, etc.) _____

Medical: This information can help ensure an effective response to an injury or medical emergency should it occur. Please list anything that may be important for us to better help you in such an event. All information is confidential.

Your physician's name _____

Physician's phone number _____

I have the following medical conditions which I recognize and appreciate may adversely affect my participation on the island adventure.

- _____ Heart condition
- _____ Orthopedic- ankle/knee/back/neck/other pre-existing injury (circle any that apply)
- _____ Seizure disorder
- _____ Allergic reaction to: _____
- _____ Diabetes
- _____ Pregnancy
- _____ Asthma
- _____ Other _____

Medications you are taking and their purpose _____

Past medical history _____

Current level of activity and fitness _____

Arrival date _____ Time _____ Airline _____

Departure date _____ Time _____ Airline _____

Are you arriving to Sardinia before DAY 1 of trip? _____

If yes, any information given to your whereabouts prior to trip departure could assist us in contacting you if you fail to show up. (places you are staying and their phone number)_____

INSURANCE WAIVER

I have purchased travel insurance from **TRAVEL GUARD** .
Policy # _____

Signature _____

Print name _____

Print date _____