

Vitamins/ Food Supplements

Name	Description	Dosage	Purpose

Known Conditions, Events, and Previous Surgeries

Date	Event

Current Physicians

Type	Name	Phone Number

- **Please be sure to carry your insurance card and id on you at all times.**
- **Check your health insurance coverage for "out-of-network coverage" while we are travelling. Inform yourself of what you could be responsible for should something happen on our trip.**
- **LIABILITY WAIVER: I give RBCU employees permission to take whatever emergency measures deemed necessary for my care and protection during the participation in an adventure. In case of extreme emergency, I understand I will be transported to the nearest hospital by local emergency unit for treatment as deemed necessary. Any expenses incurred are my responsibility. I understand that registration for this adventures waives all rights and claims for any and all injuries from whatever cause suffered by participation in adventure-related activities.**
- **PERSONAL ITEMS: I understand that RBCU is not responsible for lost, stolen or damaged items.**