

SHOAL CREEK OUTFITTERS

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EMERGENCY CONTACT INFORMATION

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT THE PERSON BELOW

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____ Phone
number: _____

Confidential Health Information

1. Should we be aware of any medical concerns? _____

2. Please list any Food allergies you may have. _____

I hereby state that I am physically sound and in good health and any health conditions to which I am subject will not endanger me or any other participant on this Shoal Creek Outfitting Trip.

Signature: _____
Date: _____

Signature of parent for a minor (under 18 yrs, old):
