IN STEP ADVENTURES
GUIDED TOURS & EXCURSIONS

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MEDICAL FORM

Do you have any **allergies**? Either to food or other? ☐ Yes ☐ No

If yes, do you carry an Epi-Pen or equivalent, or other allergy medications?
Please detail below:

Do you have any **food restrictions**? (Lactose-intolerant, vegetarian, etc.) ☐ Yes ☐ No

If yes, please specify:

Do you confirm that you have read and understand the physical challenges required in participating in the activity in which you are registered, and according to your best knowledge, you are **physically able to participate in every aspect**? ☐ Yes ☐ No

Full Name (PRINT)

EMERGENCY CONTACT: PHONE:

Your Signature: Date:

PERMISSIONS

I agree to allow IN STEP ADVENTURES to collect photographs and video footage of myself and to use those items in marketing material including newsletters, websites and signage and for other purposes without payment or any other consideration.

_____ **Initial here**