

Save Mount Diablo
Four Days Diablo - Backpacking Trip
Wednesday - Saturday, April 25 – 28, 2012
Participant Information Form
(Only one person per form.)

Please print all information

Last Name _____ First Name _____ Email _____

Address _____ City _____ ZIP _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Birthdate (optional) _____ T-Shirt Size __ S __ M __ L __ XL

Emergency Contacts (please provide two):

Name _____ Day Phone # _____ Evening Phone # _____ Relationship to You _____

_____ (____) _____ (____) _____

_____ (____) _____ (____) _____

Medical and Dietary Information

Medical Insurer _____ Policy or ID # _____

Personal Physician Name _____ Phone # (____) _____

Prescribed Medication (To be used during the trip) _____

Medical Conditions of which we need to be aware _____

Allergies _____

Special dietary considerations _____

Please provide any other information that will help us in providing you with an excellent experience

Please check here _____ if you want us to call you prior to the trip to discuss any special needs.

Release

I am aware that there are certain risks associated with my participation in the ***Four Days Diablo*** Backpack Trip. Hiking and camping in the terrain covered by the Diablo Trail may expose me to serious personal injury or death and/or property damage. Among the possible hazards: elevation changes, narrow and uneven hiking trails, exposure to native wildlife and vegetation, rapid changes in climatic conditions, and other natural and man made risks. I hereby release Save Mount Diablo, the California Department of Parks and Recreation, the East Bay Regional Park District and all of their staff, agents and directors for any and all claims of liability and/or bodily injury which may occur as a result of my voluntary participation in this event. I also understand that I may be photographed on this trip, and the photos may be used in a variety of forms or published to promote future events or Save Mount Diablo programs. I release Save Mount Diablo, the photographer and any publishers from any and all liability associated with these photographs or their use.

Signature _____ Date _____

Return this form to: Save Mount Diablo, 1901 Olympic Blvd, Suite 320, Walnut Creek, CA 94596
Deposit \$250 Due Now - Balance \$600 Due March 26, 2012 - Balance \$700 after March 26