

HighSideTours Co Ltd



Emergency Contact & Medical Information

CUSTOMER NAME: _____

EMERGENCY CONTACT INFORMATION:

NAME _____

RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ POSTCOD E/ZIP _____

TELEPHONE _____

EMAIL _____

EMERGENCY MEDICAL INFORMATION:

Please list any medical information, such as allergies, disease history that may impact any treatment given as a result of injuries sustained during the use of the property, facilities and/or services of HighSideTours Co Ltd.

Blood Type: _____

Allergies: _____

Medical Conditions: _____

Previous Fractures: _____

Other: _____