

Trailheads Participant Information Sheet

Name:

Age:

Sex:

Height:

Weight:

Emergency contact:

Emergency phone number:

How would you describe the participant's biking experience/ability level?

Are there any medical, physical, or emotional conditions that may affect the participant's experience in this activity?

Does the participant have any allergies; if so, what medication(s) does he/she take in case of a reaction?

Please list any other medications that the participant is currently taking: