



Hi-Landers 4WD Club Guest/Participant Emergency Data/Agreement Form

Guest/Participant Name: _____

Address: _____

Phone Number: _____

E-Mail Address: _____

Driver's License Number: _____ State: _____

Vehicle Make/Model: _____

License Plate Number: _____ Issued by the state of: _____

In case of emergency contact: _____

Contact Relationship: _____ and Phone #: _____

Are you a member of a flight ambulance service (aka Life Flight/Cal Star)? Yes _____ or No _____

If yes what service: _____

Hospital preference (if any): _____

Medical Insurance carrier/policy (Optional): _____

I am a guest of _____
who is a member of the Hi-Landers 4WD Club and is sponsoring me at this event.

As a guest/participant of the Hi-Landers 4WD Club I agree to abide by all state, local, forest service laws and the Hi-Landers club by-laws/SOP's. I will follow all Trail Boss/Group Leaders instructions and conduct my behavior in a responsible manner at all times.

If I have any questions/concerns I will address them with the Trail Boss/Group Leader.

Signed: _____

Date: _____