

BIG BEND*LAJITAS STABLES

PO Box 6 ~ Terlingua, Texas 79852

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www.lajitasstables.com ~ lajitasstables@bigbend.net

Trip Date: _____

Participant Information

Name: _____
Address: _____
Phone: _____
e-mail: _____

Age: _____ Height: _____ Weight: _____

Have you ever experienced any of the following?

Altitude sickness ___ Heart Problems ___ Stroke ___
Migraines ___ Asthma ___ Seizures ___
Heat Exhaustion ___ Other _____

If any of the above is checked, Please Explain _____

Emergency Contact Information

Name: _____
Address: _____
Phone: _____
email: _____

Do you have any allergies to the following?

Insects, Bees, ETC: _____ Food: _____ Plants: _____
Medications: _____ Sun: _____ Other: _____

If So, Please Explain: _____

Are You Taking ANY Medications (including over the counter meds)? _____

If so, please indicate type and dosage:

Blood Pressure: _____ Heart Meds: _____
Epilepsy/Seizure: _____ Antibiotics: _____
Antidepressants: _____ Diabetes: _____
OTC: _____ Other: _____

Any Additional Medical History or Physical Conditions: _____

Skill Level with horses:

Beginner (rode a couple of times) _____ Some (ride my friend's horse sometimes) _____
More (owned your own and rode a lot) _____ Expert (professional rider) _____

Camping Experience:

None (maybe once or twice) _____ Some (at least once a year) _____
More (wilderness backpacking) _____ Expert (do it for a living) _____

Are you a vegetarian? _____

Diabetic? _____

Do you eat:

Red Meat: _____ Pork: _____ Chicken: _____ Fish: _____ Sugar: _____
Dairy: _____ Eggs: _____ Gluten: _____

Any Special Food Considerations? _____

You will Need to Bring Your Own Pillow Sleeping Bag or Blankets !!!!!!