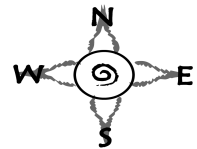


EMERGENCY CONTACT INFORMATION
Conservation Concepts Uganda Trip



Your name _____

IN CASE OF EMERGENCY, PLEASE CONTACT

Name _____ Relationship _____

Address _____

City _____ State/Province _____

Zip/Post code _____ Country _____

Day phone _____ Night phone _____

The following information may be needed by any hospital or medical practitioner not having access to your medical history.

Allergies to medicine, food, etc. _____

Medications being taken _____ Date of last tetanus shot _____

Physical impairments _____

Other _____

PERSONAL PHYSICIAN

Name _____

Address _____

City _____ State/Province _____ Zip/Post code _____

Day phone _____ Night phone _____

PERSONAL HEALTH INSURANCE COVERAGE

Company _____ Policy number _____

Insurance agent _____ Agent's phone _____

Primary beneficiary _____ Relationship _____

Secondary beneficiary _____ Relationship _____

Return this form, the Release and Waiver of Liability to Conservation Concepts via: Mail to:
Conservation Concepts, Attn: Cheryl Friday, 6360 Camanito del Cervato, San Diego, CA 92111. Or Fax
to 206-629-9523.