

Outdoor Adventure Safety Plan

Complete this form before departing on a hike/outdoor adventure and leave it with a reliable person you can depend on to notify the authorities if you do not return as scheduled.

Person Filing Plan

Name _____ Phone _____
Emergency Contact _____ Medical Conditions _____

Other Members on Trip (add additional members on back)

Name _____
Emergency Contact _____
Phone _____
Medical Conditions _____

Name _____
Emergency Contact _____
Phone _____
Medical Conditions _____

Trip Details

Starting Location _____ Ending Location _____
Departure Date and Time _____ Return Date and Time _____

Route Details

Transportation Used

Canoe ☐
Kayak ☐

Raft ☐
Boat ☐

Bike ☐
ATV ☐

