

**PEDB 1090 OUTDOOR ADVENTURE
TRIP DOCUMENTATION FORM**

Name: _____

UGA ID# _____

Trip/Clinic name: _____

Trip/Clinic date(s): _____

Trip Leader(s) name(s): _____

As a student in the PEDB 1090 class, I attest that I participated fully in the above listed trip/event.

Student Signature

Date

As a UGA Outdoor Rec Trip Leader, I hereby attest that the above listed student has participated fully in the above listed trip/clinic.

Trip Leader printed name

Trip Leader signature

Date

