

REGISTRATION FORM

Name of Trip: _____

Name: _____

Street
Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone: _____ (Evening) _____ (Day)

Email: _____

Medical Insurance Plan No: _____

Deposit Amount: (\$200.00)

Payment Enclosed to the Amount of _____

Make cheques / money orders payable to **Brenda Parks (Go-Outdoors)**

I have read and understood Go-Outdoors Cancellation Policy.

How Did you hear about Go-Outdoors: _____

Medical Information:

All information is keep confidential between you, Go-Outdoors and guide.

1. If you have any food allergies, please list them, below, so that the menu can be prepared accordingly.

2. Do you have any other allergies: (such as stings, hay fever)

3. Do you carry an Epi-pen (please circle): Yes No

4. If you have any medical conditions that instructors should be aware of, please provide information below: (such as heart condition, asthma, respiratory condition, diabetes, stroke, arthritis)

5. Are you taking any **Prescription** drugs or **Non-prescription** drugs: Yes No

If yes, please indicate details: _____

6. When was your last tetanus shot: Year_____

7. My physical condition is: Excellent_____ Good_____ Fair_____ Poor_____

8. In case of an emergency contact: _____

9. Medical Insurance Plan No.: _____

10. My eyesight is: Good____ Fair____ Poor____ Glasses____ Contact Lenses____

* It is recommended if you depend on glasses or contact lenses for your daily activities, then bring a spare set.

11. Your age_____ Average Weight_____ Height_____

Date: _____

Signature: _____

Booking and Cancellation Policies

- **Details:** Upon registration each participant will receive an information kit including: welcome letter, waiver, photo release form, itinerary, directions to Alpine Meadows.
- **Payment:** A \$200 non-refundable deposit will secure your registration, and the balance must be received by Go-Outdoors 30 days before the event. Cheques or money orders are acceptable with registration forms.
- **Cancellation:** You may apply for 40% refund of your balance provided that notification is received at least ten days before the event. Go-outdoors reserves the right to cancel an event for safety reasons or if there are insufficient numbers of participants. Go-outdoors will refund the package cost.
- **Privacy:** We know how annoying it is when one receives junk mail, brochures, telemarketing calls, etc. We will never sell, trade, or give away any information about you, including your name, address, email address, telephone number or activity interests. So rest assured that the information you give us is safe.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE—PLEASE READ CAREFULLY!

To: **Go-outdoors**
And

HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA (hereinafter called “Province”)

In consideration of Go-outdoors accepting my participation in any Go-outdoors trip or voluntary activities (hereinafter called “Trip”) on any lands owned by hosting resorts, the Province or elsewhere, I agree to this release from liability, waiver of all claims, assumption of all risks, agreement not to sue and other terms of this agreement.

I waive any and all claims that I have or may in the future have against, and release from all liability and agree not to sue, Go-outdoors, the Province and any of their investors, directors, officers, employees, contractors, servants, volunteers, agents and representatives (collectively, the “Personnel”) for any personal injury, death, property damage or other loss that I sustain during or as a result of any Go-outdoors Trip due to any cause whatsoever on the part of any one or more of Go-outdoors, the Province or others, including, without limitation, *negligence* on the part of the Go-outdoors, its staff or the Province.

Initial _____

I am aware of the risks inherent in activities including, but not limited to, hiking, canoeing, kayaking, cross country skiing, snowshoeing and camping.

Initial _____

In signing this Go-outdoors waiver, I am not relying on any oral, written or visual representations or statements made by the Go-outdoors in its brochures, posters, or by its staff, or by the Province, to induce me to go on a Go-outdoors trip.

I agree that any litigation involving Go-outdoors shall be brought solely within the Province of British Columbia and shall be within the exclusive jurisdiction of the Courts of the Province of British Columbia. I further agree that these conditions and any rights, duties and obligations as between Go-outdoors and myself shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and no other jurisdiction.

Initial _____

I confirm that I am of the full age of nineteen years, that I have had sufficient time to read and understand what I am agreeing to in this Go-outdoors Waiver before signing it and that it will be binding upon my heirs, next of kin, executors, administrators and successors.

Signed, Sealed and delivered: this _____ day of _____, 20____. I, in the presence of

Signature of Witness

Signature of Participant

Print Name of Witness

Print Name Participant

Address : Street or Box #, City or Town

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Postal Code Country

Postal Code Country