

# Application Form

A separate form is required for each participant



**Please read carefully and sign below:**

In consideration of The Wilderness Adventure Company/Black Feather Wilderness Adventures accepting the application of the undersigned for participation in the program or trip described below, the undersigned hereby releases and forever discharges The Wilderness Adventure Company, its directors, officers, agents, servants and employees and its or their successors, heirs and assigns (the "Releasees") of and from all actions, causes of action and claims of every nature or kind whatsoever, howsoever caused, including those arising out of, or in any way connected to or occasioned by the negligence of the releasees or any of them. I have read this and understand my commitment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**Please Print**

Name of Trip \_\_\_\_\_ Trip # \_\_\_\_\_ Trip Dates \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. / State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: office \_\_\_\_\_ home \_\_\_\_\_ fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Emergency Contact: name \_\_\_\_\_ phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

Your Occupation \_\_\_\_\_ Related Outdoor Experience \_\_\_\_\_

Previous trips with Black Feather \_\_\_\_\_

Who were your guides? \_\_\_\_\_

**Payment:** (A deposit of 25% of the trip fee (plus 5% tax for trips in Canada) is required with your application. The balance is due 60 days prior to your trip.)

Please find enclosed my cheque, money order, Visa or Mastercard payment of \$ \_\_\_\_\_

Please charge my VISA  or M/C  # \_\_\_\_\_ exp. date \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_

**Options:**

I wish to purchase Trip Cancellation / Extended Medical Insurance (for long expeditions) Yes \_\_\_\_\_ No \_\_\_\_\_

I want the optional Group Discount Airfare for the flight to the trip rendezvous (if applicable) Yes \_\_\_\_\_ No \_\_\_\_\_

Three things that I am looking forward to on the trip:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I am bringing my own: Tent \_\_\_\_\_ ( brand / model ) \_\_\_\_\_ Paddle \_\_\_\_\_ PFD \_\_\_\_\_

I have a travel partner(s). Name(s) \_\_\_\_\_

I would like to share a tent with them: Yes \_\_\_\_\_ No \_\_\_\_\_ Name (if more than one partner) \_\_\_\_\_

I would like to paddle with them: Yes \_\_\_\_\_ No \_\_\_\_\_ Name (if more than one partner) \_\_\_\_\_

How did you first hear about Black Feather? \_\_\_\_\_

Please send information on Black Feather to my friend: Name: \_\_\_\_\_

Postal Address or e-mail \_\_\_\_\_

*Personal Information: (A separate confidential Medical Information Form is attached)*

Date of Birth (d/m/y) \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Please evaluate your health: Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

Please evaluate your fitness: Fair \_\_\_\_\_ Average \_\_\_\_\_ Above Average \_\_\_\_\_

Please evaluate your swimming ability Poor \_\_\_\_\_ Average \_\_\_\_\_ Excellent \_\_\_\_\_

List any physical or medical limitations that might affect your participation on the trip: \_\_\_\_\_

Do you have any Dietary Restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please specify \_\_\_\_\_

Anything else we should know to help make your trip safe and /or enjoyable? \_\_\_\_\_

*I have been to a physician within the last 12 months for a physical examination To my knowledge I am fit and capable of undertaking the wilderness trip outlined in the brochure, website and trip information package.*

Signature \_\_\_\_\_ date \_\_\_\_\_

*Please mail, fax, or scan and e-mail your application to :*

**Black Feather** 250 McNaught's Road, RR# 3 Parry Sound, ON, Canada P2A 2W9  
Phone 705 746-1372 fax 705 746-7048 or e-mail [info@blackfeather.com](mailto:info@blackfeather.com)



*Waiver of All Claims,  
Release from Liability  
and Assumption of Risks Agreement.*

To: Black Feather - the Wilderness Adventure Company (BF)

In consideration of BF accepting my application for participation in the canoeing/hiking/kayaking and adventure travel trip from \_\_\_\_\_ to \_\_\_\_\_, 2008, I agree to this release of claims, waiver of liability and assumption of risks.

On behalf of myself, my heirs, executors, successors, administrators and assigns and any other person who may have an interest at common law or by operation of statute, I hereby waive any and all claims I or such parties may have now or in the future, and release from liability BF, their directors, officers, employees, guides, agents or representatives (“the releasees”) for any personal injury, death, property damage or loss or any nature suffered by me as a result in participation in any activity on the trip with BF due to any cause whatsoever including those arising out of, or in any way connected to or occasioned by the negligence of the releasees. I agree to indemnify BF for any actions, claims or expenses on my behalf.

\_\_\_\_ (initial)

I am aware that adventure travel, canoeing, hiking and sea kayaking involves risks, and in addition to the usual dangers and risks inherent in adventure travel, canoeing, hiking and sea kayaking there are certain additional risks, some of which include:

- 1. Terrain - Natural areas and waters are subject to natural forces which result in obstacles and hazards, arctic waters are cold and extended immersion can be life threatening.
- 2. Isolation - Tours are in wilderness areas which may not be regularly patrolled, and communication may be difficult and rescue and medical treatment may not be available for hours or even days.
- 3. Animals - Hiking, canoeing or kayaking in natural areas may result in encounters with wild animals, which may injure, damage or capsize.
- 4. Weather - Weather may change rapidly and may be extreme, presenting significant challenges.

\_\_\_\_ (initial)

I acknowledge the enjoyment and challenge I receive from canoeing, hiking and kayaking and the wilderness experience, its isolation and the opportunity to experience wildlife and nature in a natural surrounding and state, this is my reason for participating in this trip, and I voluntarily assume all risks associated with these activities and freely waive any and all legal rights that I may have against the releasees.

I am medically, physically and in all respects fit and able to participate in adventure travel. I have no medical requirement or condition except what is outlined in the Registration/Medical form. I will inform Black Feather of any significant changes to my physical or medical condition prior to my trip.

I agree I will be fully and financially responsible for my own physical condition and well being during the trip and will follow the safety precautions and instructions prescribed by BF.

This document is to be interpreted by the Laws of Ontario and any action taken on behalf of the signee will be filed in the Court of Ontario.

I have read carefully and understand this agreement. dated: \_\_\_\_\_

\_\_\_\_\_  
signature of participant signature of witness

\_\_\_\_\_  
print name participant print name witness



# Medical Information Form

Black Feather's trips involve moderate to strenuous physical activity, sometimes for extended periods of time, in very remote locations. Please keep this in mind and take time to fill in the form as accurately as possible. The information is important for your own health and the well-being of your group. Please note that this information is considered confidential and will only be shared with your trip leaders and with medical personnel in the event of a medical emergency.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Principal Health Care Plan and Number \_\_\_\_\_

Extended Plan (if applicable) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Do you have a history of shortness of breath or chest pain (at rest or with exertion)? Please describe: \_\_\_\_\_

Do you have any history of cardiovascular disease? If so, please describe history and management: \_\_\_\_\_

Do you have any chronic conditions or recurring problems not outlined above? If so, please describe: \_\_\_\_\_

Would you or your doctor say that you have any PHYSICAL LIMITATIONS? If so, please describe: \_\_\_\_\_

Are you subject to any ALLERGIES that might affect your health, safety or enjoyment of the trip, such as?

Food  Insect Stings  Drugs  Animal  Environmental

Please describe the severity, frequency and management of the allergy: \_\_\_\_\_

Are you taking ANY PRESCRIPTION or NON-PRESCRIPTION DRUGS? Yes  No

If YES, what drug(s) and what are they for (please list all)? \_\_\_\_\_

Is there anything else that you think we should know about your health? \_\_\_\_\_

I have completed this medical form accurately, truthfully and to the best of my knowledge as of today's date. I understand it is my responsibility to inform Black Feather of any new medical condition or change to this information before my trip begins.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE (d/m/y): \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_ DATE (d/m/y): \_\_\_\_\_