

Horizons REGISTRATION Form

2011

Please fill out the information. Please indicate food preferences, and medical alerts.

Novice=no experience Beginner=limited experience Intermediate= able to maneuver and rescue a kayak in moderate conditions (3ft waves)

PARTICIPANT=s Full NAME		MALE	START DATE OF PROGRAM		
		FEMALE	Y	M	D AM PM
Name of Program	KAYAKING EXPERIENCE Novice Beginner Intermediate	Bringing own kayak? Yes No Bring own Tent Yes No	AGE	BIRTHDATE Y M D	
MAILING ADDRESS		CITY	POSTAL CODE		
HOME PHONE NUMBER ()	WORK PHONE NUMBER ()	EMAIL			
Emergency Contact Name	Emergency contact Phone - Relationship to participant				
Health Card No.		Other Insurance			
HEALTH HISTORY (Check and give approx dates)		ALLERGIES		<input type="checkbox"/> Foreign Travel Illnesses What? When? Outcome?	
<input type="checkbox"/> Frequent Ear Infections <input type="checkbox"/> Heart Disease/Conditions <input type="checkbox"/> Convulsions <input type="checkbox"/> Diabetes <input type="checkbox"/> Bleeding/Clotting Conditions <input type="checkbox"/> Mononucleosis <input type="checkbox"/> Psychiatric treatment		<input type="checkbox"/> Fainting/dizziness <input type="checkbox"/> Giardia <input type="checkbox"/> Hypertension <input type="checkbox"/> Hypoglycaemia		<input type="checkbox"/> Penicillin <input type="checkbox"/> Food Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Hay Fever <input type="checkbox"/> Ivy Poisoning <input type="checkbox"/> Other Drugs	
Date of most recent Tetanus Booster (Recommended with in 5 years, 10 yrs mandatory)			Date of most recent check-up		
Food Preferences or restrictions:Allergies or habits (vegetarian, vegan,)		Operations or serious injuries:		Medical Alerts Other Considerations including pregnancy?	
If there are any treatments, injections, or special medications to be given during the program.					
Please state any restrictions on activities or particular fears					

This Health History is correct as far as I know, and this individual is able to participate in the full range of activities as described in the program description. As the below signed individual, I give permission to the physician selected by the sponsoring organization to hospitalize, secure proper treatment for, and order injection, and /or anaesthesia and or surgery for the person named above.

Signature

Date

REFUND/CANCELLATION POLICY: If we are unable to accept your application a full refund will be issued. Cancellations 4 weeks or more before the program start date may incur a 25% administration fee. No refunds will be issued after that date without medical certification. Refunds are not issued if participant withdraws from an ongoing program early. HORIZONS reserve the right to cancel registration without notice. In such a case, a full refund will be issued.

FULL PAYMENT:

You may pay by cash, cheque or Credit Card.
Please make cheque payable to:

New Wilderness Ventures

POSTDATED PAYMENT:

We require a 30% deposit per session plus the balance of fees in postdated form when the application is made. Postdated visa or cheques should be dated no later than two weeks before program start date.

FEE CALCULATION

Base Fee (+HST)

No of People

Discounts

(\$15 Cdn/kayak/day, trips only)

Total Fee

PAYMENT METHOD

Deposit (30%) \$ _____

VISA Master Card cheque

Balance date _____ \$ _____

VISA Master Card cheque

total \$ _____

card no _____

expiry date:

Please make cheque payable to:

New Wilderness Ventures

RELEASE

I am aware that participation in an HORIZONS course involves risks, including, though not exclusively, the hazards of travel over unpredictable terrain and waterways in remote areas, without effective communication or medical facilities, subject to the unforeseeable forces of nature, and the possibility of confrontation with wild animals. Courses in foreign countries face additional hazards including travel by aeroplane and train, and exposure to diseases and infections not common to Canada.

I have read and understand the following: The **description of the course** in which I intend to enrol. My initials confirm that I have read and understand this material. _____ (Initials)

Knowing of the inherent risks and dangers and in consideration of the right to participate in the course, I represent and agree as follows:

1. I have verified with my physician and other medical professional that I have no physical or psychological condition that might affect my participation in the course, other than as reflected on the medical form. I am fully capable of participation in the course without causing risk of danger, illness, or accident to myself or others.

2. I assume all risks associated with the course, subject only to the exception set out below regarding horizons negligent or intentional acts which are the sole cause of injury or damage.

3. I release and agree to hold horizons, its agents, partners, employees and contractors harmless from, and I will make no claim against them, nor sue them for any injury or damage which I may suffer, or whatever cause of origin, arising out of my participation in the course or any other activity arranged or directed by horizons, including injuries or damage resulting from the acts of horizons or any agent, employee or contractor of horizons.

The only exception to those claims hereby released is those for injuries and damages caused solely by horizons negligent or intentional conduct, and to which I have not contributed. Claims for all other injuries and damages are hereby released.

4. In no event will horizons, its agents, employees, or contractors be liable for any injury or damage resulting from the acts of another person on the course.

This agreement of Release and Assumption of Risk will be governed by the laws of Ontario and Canada.

I have carefully read this agreement and understand its contents, and I sign it freely and after consultation with all such persons whose advice I consider necessary or important to an understanding of its implication.

I am aware that this includes a release of liability and is a binding contract between horizons and me, and it is likewise binding on my heirs, executors, administrators, and assigns, and on any member of my family for whom I sign.

References herein to "i" shall include any such family member.

DATE _____

Signature of Participant

DATE _____

Parent or Guardian Signature if under 18 yrs of age