



Trip Registration

Name _____

Address _____

Phone _____ (home) _____ (work)

Fax _____ E-mail _____

Trip _____

Have you canoed before? _____ yes ___ no When? _____

Was it on flatwater (lakes) or moving water (rivers) or both?

If you have done river trips in the past, please describe the trip, its length, the river and its level of difficulty.

Health/Medical Information

all information provided will be kept strictly confidential

Date of Birth _____ Height _____ Weight _____

How would you rate your overall health?

_____ Fair _____ Good _____ Excellent

How would you describe your physical condition/level of fitness?
_____ Below average _____ Average _____ Above average

Do you exercise on a regular basis? If so please describe

Do you have any allergies? _____ yes _____ no
If so please describe what they are and what you do to treat them

Do you have special dietary needs? _____ yes _____ no
If so please describe in detail _____

Do you have medical conditions of which we should be aware? _____ yes _____ no
If yes, please describe _____

Are you on any medication? _____ If so what is the medication and what is it for?

Do you have any physical limitations? _____ yes _____ no
If yes, please describe _____

In case of emergency Walden's should contact:

Name _____

Relationship _____

Address _____

Phone _____

If you are not sure whether you are up to the challenges of a wilderness trip, particularly if you have any medical conditions or physical limitations, we recommend you visit your doctor and seek their advice.

We are trained in Advanced Wilderness First Aid and CPR. We carry a satellite phone on all trips so we're able to call for help in the case of a medical emergency. We carry a fully-supplied First Aid kit but we are not allowed to administer any medications so we ask that you bring a small kit with any medications you may need to use – prescription and non-prescription.



Payment

Please find enclosed our trip deposit of _____. The balance is due 30 days before the trip begins.

- _____ Cheque
- _____ Money order
- _____ Credit card

Type of card (VISA or Mastercard) _____
Name on card _____
Card number _____
Expiry date _____

Note: Trip deposits are non-refundable. However if you have to cancel your reservation we will transfer your deposit to another Walden's adventure offered within the next 24 months.

Signature _____ Date _____

To reserve a space, please complete this form and submit with trip deposit to Walden's Guiding & Outfitting, Box 10402, Whitehorse, Yukon Canada Y1A 7A1. Written confirmation of your booking will be mailed to you immediately along with your receipt and a copy of the waiver we request you sign and return before the trip begins.





Waiver and Assumption of Risk

Walden's Guiding & Outfitting Ltd.
Box 10402 Whitehorse Yukon Canada Y1A 7A1
PH: 867-667-7040 FX: 867-668-3073 E:
info@waldensguiding.com

PLEASE READ CAREFULLY

1. Participants are to acknowledge the participation in outdoor activities and travel in outdoor environments may present risk to life and limb.
2. Due to the outdoor/wilderness setting and the nature of participation in trips that provide information by both theoretical and practical methods, certain risks are beyond human control and some are inherent in the activities.
3. It is understood that you, the participant, on the trip with Walden's Guiding & Outfitting Ltd. will be partaking AT YOUR OWN RISK.
4. Such risks may include, but are not limited to, natural disasters, forces of nature, isolation from help, difficult evacuation, equipment failure, human error and accidents involving injury, including death.
5. You the participant agrees to adhere to safety and other rules stipulated by the company/staff and are responsible for being in good health and providing appropriate registration information regarding skill level and experience.

RESPONSIBILITY Notice is hereby given that ALL arrangements and services organized by Walden's Guiding and Outfitting Ltd. on behalf of the participants, are made on the sole condition that the owners and staff shall not be held responsible for any injury, death, accident, delay, loss, damage or irregularity which may be occasioned through acts, including negligence, of any company and/or persons otherwise in connection herewith.

I, _____ (the participant) and my heirs and executors agree to save harmless and keep indemnified the company, its owners, agents and staff from all liability, howsoever caused, in connection with taking part in the activity, in acknowledging, accepting and assuming the risks and conditions outlined above, I acknowledge that I am of sufficient age and intelligence to sign this contract.

(Participant's signature) Date: _____

Witness: _____
(Print name)

(Witness's signature) Date: _____

