



Please Return

SPATSIZI WILDERNESS VACATIONS
ASSUMPTION OF RISK AND RELEASE FROM LIABILITY

PLEASE READ CAREFULLY

I hereby acknowledge the fishing trip, sightseeing trip, camping trip, photography or other guided tour that I am participating in under the arrangements of **Spatsizi Wilderness Vacations**, its employees, agents and associates, involves risks and danger which are inherent to wilderness travel, including but not limited to hazards of traveling by motorized vehicle, on horseback, by airplane and by boat; hazards of being exposed to the elements of nature; hazards of being and traveling in remote wilderness areas and hazards arising from accident, acts of God, illness and forces of nature.

I further accept and assume all risk of personal injury or death or loss or damage to property while participating in the said guided excursion, including negligence of **Spatsizi Wilderness Vacations** and their employees, agents, and associates.

I acknowledge that I have read the foregoing, understand that I am relinquishing any and all rights that I, my heirs, executors, or administrators might otherwise have against **Spatsizi Wilderness Vacations** and their employees, agents, and associates and that I do so voluntarily. I acknowledge having read this liability release and that I am of full age (or have parent's signature of consent) and give my acceptance of the above disclaimer clause by my signature.

I agree this Agreement will be governed in all respects and interpreted within the law of the Province of British Columbia, Canada.

Dated at _____(city), _____(state),
this _____ day of _____, 200____.

CLIENT'S NAME:

WITNESS:

please print

please print

address

address

city, state

city, state

adult signature

witness signature

(Parent or Guardian must sign for minors under 19 years of age)



Please Return

MEDICAL FORM

Name _____ Birthdate (mm/dd/year) _____
Address _____
Trip Date _____
Phone _____ Fax _____ Email _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Phone _____
Relation _____ Address _____
Doctor _____ Phone _____

HEALTH AND DIET:

Physical Condition Excellent Good Fair Poor
Eyesight Excellent Good Fair Poor

(It is recommended that if you are dependant upon glasses or contact lenses for adequate vision, a spare set be brought with you, as well as all necessary cleaning solutions and safety bands).

Do you have any dietary restrictions: Yes No

If yes, please specify _____

Do you have any known allergies? Yes No

If yes, please specify _____

Are you on any prescription or non-prescription medications? Yes No

If yes, please specify _____

Do you have a chronic disability or illness, i.e. heart condition, diabetes, etc.? Yes No

If yes, please specify _____

Do you have any physical limitations? Yes No

If yes, please specify _____

Do you have any psychological limitations, i.e. fear of water, fear of heights, etc.? Yes No

If yes, please specify _____

If any of the above information changes leading up to or during the trip, I will inform the guides.
Please note that failure to disclose any medical condition or problems may jeopardize the safety of the entire group/trip.

Signature _____ Date _____