

**INSTRUCTIONS: Print the following survey form (3 pages) and complete the information before meeting with the expedition leader.**

**Please read and be certain you understand the implications of signing. There are risks associated with the isolation imposed by this trip. Failure to disclose a potential difficulty could put you and others in danger.**

I understand that the signed waiver is valid for any Multi-Day Canoe and Sea Kayak Tour for our current season.

(signature) \_\_\_\_\_

**Participant**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Participant's Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Cell phone \_\_\_\_\_ Landline \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact (& relationship) \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

**Participant's Information**

Can you swim?      YES    NO

If yes, please rate your swimming ability:

Novice      Intermediate      Expert

Please describe your canoeing/ kayaking experience, if any:

Do you exercise regularly? (circle all that apply)

Strength

Aerobic

Balance and Stability

Coordination and Agility

Flexibility and Mobility

INITIAL \_\_\_\_\_

MEDICAL INFORMATION

*Information on this form will be kept confidential.*

Current Doctor (if any): \_\_\_\_\_

Phone (if applicable): \_\_\_\_\_

History of heart problems? No Yes

High blood pressure? No Yes

Any history of hemophilia? No Yes

Do you have diabetes? No Yes

Do you have osteoporosis? No Yes

History of wrist problems? No Yes

Any shoulder dislocations? No Yes

Any back problems? No Yes

Any impaired movement? No Yes

Any impaired sight? No Yes

Any impaired hearing? No Yes

Any impaired sensation? No Yes

Any impaired balance? No Yes

Have you had a seizure? No Yes

Any insect or plant allergies? No Yes

Food or medicine allergies? No Yes

Do you get hot easily? No Yes

Do you get cold easily? No Yes

Are you currently pregnant? No Yes

Currently seeing a doctor? No Yes

Please provide further information for any question(s) answered YES above:

Please list any medications currently taken and any side effects:

INITIAL \_\_\_\_\_

Please describe any recent injuries or surgeries:

List any medicine(s) you may bring such as an inhaler, heart medicine, anaphylaxis shock kit/EpiPen, etc.:

Please describe any medical condition(s) not listed here that the guide should know about:

I attest that the above information is accurate and agree to inform the staff of any changes in my condition either before or during the trip. I understand that there are rigors and environmental challenges associated with this undertaking and that I am agreeing to my ability and willingness to cope with these rigors and challenges.

Participant's Signature

Printed Legal Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

INITIAL \_\_\_\_\_