

CHOCPAW EXPEDITIONS

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Dog Sledding Course / Trip Registration Page 1

IMPORTANT ! PLEASE FILL OUT THESE FORMS COMPLETELY. THE INFORMATION WILL BE VIEWED ONLY BY CHOCPAW EXPEDITION EMPLOYEES WHO ARE RESPONSIBLE FOR YOUR SAFETY AND WELL BEING WHILE ON THIS DOG SLED TRIP / COURSE.

Today's Date: _____ Trip Type: _____

Trip Dates Requested: _____

Group Name & Contact Person: _____

Name: _____

AGE: _____ Male: _____ Female: _____ Height: _____ Weight: _____

Your HOME Address:

Street: _____ City: _____

Prov./State: _____ Postal/Zip Code: _____

Country: _____

Phone (Day): _____ Phone (Night): _____

Your **local** contact number if visiting Canada:

Phone (Day): _____ Phone (Night): _____

EMAIL: (please print clearly)

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Your privacy is of great concern to us. Therefore any information entered on this form will be kept strictly confidential by CHOCPAW EXPEDITIONS and its employees. Your address, telephone numbers or email address will not be sold, rented or leased to anyone.

CHOCPAW EXPEDITIONS

Medical Information

Participants Name: _____

Who to contact in case of emergency:

Name: _____ Relation: _____

Address : _____

Phone (Day) _____ Phone (night): _____

Medical Information:

Doctor _____ Phone _____

Birth Date: _____ Health Card/Insurance No. _____

Do you have any allergies? **Please specify.** YES NO

Do any allergies result in a severe or anaphylactic reaction ? Yes No **Please explain in detail**

Do you have any special medical condition(s) or medication(s)? Yes No

Please specify and list Medications taken and condition they are taken for.

Do you have any dietary restrictions? Yes No

Please specify what you don't eat and what you do. If you would like a Gluten-Free, Vegan, Lactose-Free, Soy Free menu, there is an additional charge of \$10 per day. For Vegetarian and Pork free menu, there is no extra charge.

Do any dietary restrictions result in a severe or anaphylactic reaction? Yes No **Please explain in full detail.**

Have you had a concussion within the last year? Yes No

If you answered YES you MUST provide a note from your doctor stating that you are allowed to participate in Chocpaw Expeditions dog sledding program.

If you are concerned about safety you may bring a helmet (of any kind) for yourself or your child

To the best of my knowledge the medical information provided herein is true and complete

Signature _____ Date _____

Signature of Parent or Guardian if participant is under the age of 18: _____

Date: _____

CHOCPAW EXPEDITIONS

Assumption of Risk and Responsibility

In consideration of CHOCPAW EXPEDITIONS accepting my registration for the Dogsledding course and/or Dogsledding experience, I declare that:

1. I am in good health. I have not recently been treated for nor am I aware of, any condition that would jeopardize my health or prevent my full participation while on the course. If I have any medical condition(s) which may be aggravated by physical exertion, I will make these known to CHOCPAW EXPEDITIONS representative(s) and will exercise appropriate caution while taking part in the activities.
2. I understand and accept as my personal responsibility the risks of participating in strenuous dog sledding activities, and camping activities during the course/trip. If there are risks that I do not understand or am unwilling to accept without clarification, I will discuss these with CHOCPAW EXPEDITIONS' representative(s) either before or during the course. I have the option of refusing to take part in an activity that I feel will expose me to undue risk.
3. I agree to abide by the rules/regulations/decisions of the facility operator(s) and CHOCPAW EXPEDITIONS representatives(s) in matters of safety.
4. I acknowledge that while on the course/trip, it is my responsibility to obtain appropriate insurance coverage for myself and my property.
5. In case of an emergency, I authorize the CHOCPAW EXPEDITIONS representative(s) or designate to administer or obtain appropriate first aid and/or medical treatment should I not be in a condition to make such a decision. Care will be relinquished to responsible family and/or appropriate medical personnel.

Waiver

Having read and understood the terms of the "Assumption of Risk and Responsibility" document and having had an opportunity to discuss any questions and/or reservations with a representative of CHOCPAW EXPEDITIONS, I am voluntarily signing this **AGREEMENT to PARTICIPATE** in programs & activities of CHOCPAW EXPEDITIONS in which I have voluntarily enrolled. I am aware that certain activities will be physically demanding & that I must be in good health & reasonably fit. If at any time I question my ability I may withdraw from any activity by so advising the group leader before participating. Further, I am aware most activities will be conducted in the outdoors with travel in the wilderness in all kinds of weather and there will be dangers and hazards which cannot be foreseen. These include without limitation, upset or collision while on a dog sled, slipping or falling on a trail, loss of direction, cuts, sprains, fractures, or other injuries, entanglement in ropes or chains, dog bites, exposure to temperature extremes or inclement weather, as well as complications due to inaccessibility of medical facilities. I acknowledge they may result in loss or damage to personal property and injury or fatality to the person. I hereby release and forever discharge CHOCPAW EXPEDITIONS, its directors, officers, agents, servants, and employees and their successors, heirs, and assigns from any liability of claim for damages or loss of any nature including delays, personal injury, death, or loss of personal property, howsoever caused, whether by an act of God, equipment failure, or any act of nature, incurred during, or as a result of my participation in a dog sledding experience, and declare this release binding

upon myself, my heirs, executors, administrators, and assigns. Any disputes or claims arising out of the relationship between the releaser and releasees shall be determined according to the law of the Province of Ontario, Canada and shall be adjudicated upon within Ontario, Canada.

I further agree to abide by the rules of the program as outlined by the group/expedition leader & acknowledge that if I do not, I may be barred from further participation.

Signature _____ **Date** _____

Print Name _____

Witness Signature: _____ **Date:** _____

Print Name: _____

Signature of Parent or Guardian if participant is under the age of 18:

Signature _____ Date: _____

Print name: _____

I agree that all pictures or videos taken of me while involved in this experience may be used in promotions, displays, web applications, and may be used in media productions.

Signature: _____ Date: _____

Signature of Parent or Guardian if Participant is under the age of 18:

_____ Date: _____