

To ensure that you have a safe and enjoyable kayaking experience, please complete the following information and return ASAP via mail, fax, or email. The information you provide on this form will be completely confidential.

Important: Please return this form at least 30 days prior to tour departure.

Your Contact Information

Name: _____

Telephone: _____

Address: _____

Fax: _____

Email: _____

Postal/Zip Code: _____

Family or friends on the same tour and their
relationship to you: _____

Country: _____

Contact in Case of Emergency:

Name: _____

Telephone: _____

Address: _____

Relationship to you: _____

Doctor's name: _____

Telephone: _____

Travel / Medical Insurance Details:

Name of company: _____

Phone number: _____

Name of plan: _____

Medical number: _____

Personal Information

Date of birth _____ (D/M/Y) Sex: Male / Female

Height: _____ Weight: _____

Your level of fitness: Not active 1 2 3 4 5 6 7 Olympic Class

Outdoor Experience:

Sea kayaking None / 1-5 days / 5-10 days / 10+ days

Lake/River kayaking None / 1-5 days / 5-10 days / 10+ days

Canoeing None / 1-5 days / 5-10 days / 10+ days

Your ability to swim: Can't swim 1 2 3 4 5 Lifeguard

Other water activities: (e.g. sailing, scuba diving) _____

Other outdoor activities: (e.g. camping, Hiking) _____



MEDICAL AND PERSONAL INFORMATION FORM

Kayak Preference: single double

Note: We use a combination of single and double kayaks for safety reasons and guests generally take turns paddling both.

General Health: Please provide as much detail as possible regarding any medical conditions, or physical concerns.

Do you have any concerns? (e.g. physical limitations, fear of water, sea-sickness, etc.) No / Yes

Please explain _____

Do you have any medical conditions or injuries that could be aggravated by kayaking? No / Yes

Please explain _____

Do you have any allergies or sensitivities? (to food, bees, wasps, etc) No / Yes

Please explain severity and date of past reactions _____

Do you carry an Epi-pen and/or antihistamines? No / Yes

If your allergies are severe you should carry these items!

Is your tetanus inoculation current? Yes / No Give date: Month: _____ Year: _____

You must have had a tetanus shot within the last 10 years.

Have you been under a doctor's care in the past 12 months? No / Yes

Please explain _____

Do you wear glasses or use a hearing aid? No / Yes

If you wear glasses please ensure you have a sports strap.

Are you currently taking any medications? No / Yes

Please describe medication _____

If you bringing prescription medications please ensure the containers are labeled with the drug name and expiry date, and that you carry detailed instructions regarding dosage and frequency.



MEDICAL AND PERSONAL INFORMATION FORM

Dietary Needs:

We make every effort to accommodate individuals with food sensitivities and special diets. We can accommodate diets such as vegetarian, vegan, non-seafood, wheat and dairy-free, but may not be able to accommodate special diets with strict menu plans. You may want to bring some of your own snacks if this is the case. For individuals with severe allergies, we cannot guarantee that our kitchen will be 100% free of the item to which you are sensitive. Please call us if you have any concerns.

Do you have any food allergies or dietary restrictions? Yes / No

Please explain _____

Do you eat fish? Yes / No

Do you eat other seafood Yes / No

Do you follow a vegetarian diet? Yes / No

Please explain _____

Name: _____ (print)

Signature: _____

Date signed: _____

Witness: _____ (print)

Signature: _____

For participants below the age of 19, or the age of adulthood if residence is other than BC:

Parent or Guardian: _____ (print)

Signature: _____



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Please explain _____

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Do you carry an Epi-pen and/or antihistamines? No / Yes **Note:** If your allergies are severe you should carry these items!

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