



Grey Wolf Expeditions  
1811 Surgenor Rd  
V9J 1G6 Black Creek  
British Columbia  
CANADA

# Application Form

A separate form is required for each participant.

Please read carefully and sign below:

In consideration of Grey Wolf Expeditions accepting the application of the undersigned for participation in the program or trip described below, the undersigned hereby releases and forever discharges Grey Wolf Expeditions any, its directors, officers, agents, servants and employees and its or their successors, heirs and assigns (the "Releasees") of and from all actions, causes of action and claims of every nature or kind whatsoever, howsoever caused, including those arising out of, or in any way connected to or occasioned by the negligence of the releasees or any of them. I have read this and understand my commitment.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE (d/m/y): \_\_\_\_\_  
SIGNATURE OF WITNESS: \_\_\_\_\_ DATE (d/m/y): \_\_\_\_\_

## Please Print

Name of Trip \_\_\_\_\_  
Trip Dates \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Country \_\_\_\_\_ Prov. / State \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Phone: home \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Phone you can be reached while on Vacation: \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Emergency Contact: name \_\_\_\_\_ phone: day: \_\_\_\_\_  
evening: \_\_\_\_\_

Previous trips with Grey Wolf Expeditions  
\_\_\_\_\_  
\_\_\_\_\_

How did you find us? Google? Yahoo? Friend?  
\_\_\_\_\_  
\_\_\_\_\_



## Payment

Please find enclosed my Visa or Mastercard payment of \$

\_\_\_\_\_

Please charge my VISA          or M/C          #

\_\_\_\_\_ exp. date \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_

We accept Visa and Mastercard.

A deposit of 25% in Can.\$ per person of the trip fee is required. 60 days prior the tour the full amount is required in order to confirm your reservation.

Three things that I am looking forward to on the trip:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

I have a travel partner(s). Name(s) \_\_\_\_\_

I would like to share a tent with them: YES \_\_\_\_\_ NO \_\_\_\_\_

My Occupation \_\_\_\_\_

Related Outdoor Experience \_\_\_\_\_

I am interested in fishing on the kayak tour: YES \_\_\_\_\_ NO \_\_\_\_\_



**Personal Information**

(A separate confidential Medical Information Form is attached)

Date of Birth (d/m/y) \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Please evaluate your health: Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

Please evaluate your fitness: Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

Please evaluate your swimming ability Poor \_\_\_\_\_ Average \_\_\_\_\_ Excellent \_\_\_\_\_

List any physical or medical limitations that might affect your participation on the trip:

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Do you have any Dietary Restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please specify

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Anything else we should know to help make your trip safer and /or more enjoyable?

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I have been to a physician within the last 12 months for a physical examination. To my knowledge I am fit and capable of undertaking the wilderness trip outlined by Grey Wolf Expeditions in the brochure, website and trip information package.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE (d/m/y): \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_ DATE (d/m/y): \_\_\_\_\_



# Waiver of All Claims, Release from Liability and Assumption of Risks Agreement.

To: Grey Wolf Expeditions (GW), 1811 Surgenor Rd, Black Creek, BC V9J 1G6 , Canada

In consideration of GW accepting my application for participation in the kayaking/hiking/camping and adventure travel trip from \_\_\_\_\_ (fill trip start) to \_\_\_\_\_ (fill trip end), \_\_\_\_\_ (year), I agree to this release of claims, waiver of liability and assumption of risks.

On behalf of myself, my heirs, executors, successors, administrators and assigns and any other person who may have an interest at common law or by operation of statute, I hereby waive any and all claims I or such parties may have now or in the future, and release from liability GW, their directors, officers, employees, guides, agents or representatives (“the releasees”) for any personal injury, death, property damage or loss or any nature suffered by me as a result in participation in any activity on the trip with GW due to any cause whatsoever including those arising out of, or in any way connected to or occasioned by the negligence of the releasees. I agree to indemnify GW for any actions, claims or expenses on my behalf. I am aware that adventure travel, camping, hiking and sea kayaking involves risks, and in addition to the usual dangers and risks inherent in adventure travel, camping, hiking and sea kayaking there are certain additional risks, some of which include:

1. *Terrain* - Natural areas and waters are subject to natural forces which result in obstacles and hazards, arctic waters are cold and extended immersion can be life threatening.
2. *Isolation* - Tours are in wilderness areas which may not be regularly patrolled, and communication may be difficult and rescue and medical treatment may not be available for hours or even days.
3. *Animals* - Hiking, camping or kayaking in natural areas may result in encounters with wild animals, which may injure, damage or capsize.
4. *Weather* - Weather may change rapidly and may be extreme, presenting significant challenges.

I acknowledge the enjoyment and challenge I receive from camping, hiking and kayaking and the wilderness experience, its isolation and the opportunity to experience wildlife and nature in a natural surrounding and state, this is my reason for participating in this trip, and I voluntarily assume all risks associated with these activities and freely waive any and all legal rights that I may have against the releasees. I am medically, physically and in all respects fit and able to participate in adventure travel. I have no medical requirement or condition except what is outlined in the Registration/Medical form. I will inform Grey Wolf Expeditions of any significant changes to my physical or medical condition prior to my trip. I agree I will be fully and financially responsible for my own physical condition and well being during the trip and will follow the safety precautions and instructions prescribed by GW. This document is to be interpreted by the Laws of British Columbia and any action taken on behalf of the signee will be filed in the Court of Victoria.

I have read carefully and understand this agreement.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE (d/m/y): \_\_\_\_\_  
SIGNATURE OF WITNESS: \_\_\_\_\_ DATE (d/m/y): \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_ Children's Name/age: \_\_\_\_\_



# Medical Form

Grey Wolf Expedition's trips involve moderate to strenuous physical activity, sometimes for extended periods of time, in very remote locations. Please keep this in mind and take time to fill in the form as accurately as possible. The information is important for your own safety and the well-being of your group. Please note that this information is considered confidential and will only be shared with your trip leaders and with medical personnel in the event of a medical emergency.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Principal Health Care Plan and Number \_\_\_\_\_

Extended Plan (if applicable) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_  
Do you have a history of shortness of breath or chest pain (at rest or with exertion)? Please describe: \_\_\_\_\_

Do you have any history of cardiovascular disease? If so, please describe history and management: \_\_\_\_\_

Do you have any chronic conditions or recurring problems not outlined above? If so, please describe: \_\_\_\_\_

Would you or your doctor say that you have any PHYSICAL LIMITATIONS? If so, please describe: \_\_\_\_\_

Are you subject to any ALLERGIES that might affect your health, safety or enjoyment of the trip, such as? Food \_\_\_ Insect Stings \_\_\_ Drugs \_\_\_ Animal \_\_\_ Environmental \_\_\_  
Please describe the severity, frequency and management of the allergy: \_\_\_\_\_

Are you taking ANY PRESCRIPTION or NON-PRESCRIPTION DRUGS? Yes No  
If YES, what drug(s) and what are they for (please list all)? \_\_\_\_\_

Is there anything else that you think we should know about your health? \_\_\_\_\_

I have completed this medical form accurately, truthfully and to the best of my knowledge as of today's date. I understand it is my responsibility to inform Grey Wolf Expeditions of any new medical condition or change to this information before my trip begins.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE (d/m/y): \_\_\_\_\_  
SIGNATURE OF WITNESS: \_\_\_\_\_ DATE (d/m/y): \_\_\_\_\_