



BAJA KAYAK ADVENTURE TOURS Ltd.

MEDICAL FORM

In order to best accommodate your needs in the case of an emergency, please provide us with the following information. It will remain confidential, and will not exclude you from our adventures.

NAME: _____ TRIP DATE & DESTINATION: _____

ADDRESS, CITY, POSTAL CODE: _____

PHONE: _____ MEDICAL INSURANCE PLAN #: _____

DATE OF BIRTH: _____

CITIZENSHIP (Baja Kayak Adventure Tours clients need to provide this so we can register your trip with the Loreto Port Captain): _____

IN THE CASE OF AN EMERGENCY, WE SHOULD CONTACT:

name: _____ phone: _____

relationship: _____

PLEASE LIST ANY MEDICATION YOU MUST TAKE:

Please investigate with your doctor whether your medication (A) requires special protection from sunlight or moisture, and (B) may create side effects specific to the wilderness (e.g. susceptibility to sunburn), and if your medication is life-sustaining (C) please bring a second set of your medication for our guides to carry. Thanks. Your medication - any pills of any type - should be clearly labeled, including the dosage, and each type of pill carried in its own container. Thanks

IF YOU HAVE BEEN UNDER A DOCTOR'S CARE IN THE PAST 3 MONTHS, PLEASE DESCRIBE:

PLEASE SPECIFY THE FOLLOWING:

PSYCHOLOGICAL LIMITATIONS (eg fear of water, heights): _____

PHYSICAL LIMITATIONS (eg swimming ability): _____

CHRONIC ILLNESS (eg DIABETES, ANGINA): _____

PRIOR HISTORY OF JOINT INJURY (eg tendonitis, shoulder separation, carpal tunnel):

ALLERGIES TO FOOD OR MEDICATION: _____

(if your allergy is anaphylactic, or life threatening, please specify, and bring an AnaKit)

WHAT FOOD ITEMS WILL YOU NOT EAT?

DATE OF LAST TETANUS IMMUNIZATION: _____ If you have not had a tetanus booster in the past 10 years, even a small cut may force your evacuation, at your own cost.

DO YOU WEAR CONTACTS? _____

I understand that withholding information may contribute to injury or illness complications, and possibly compromise the care provided in the event of an emergency. If any of the above changes prior to, or during, the trip I will notify the leader.

(signature) _____

DATE: _____

please submit to our office at least 30 days before trip start. thanks.

Our philosophy is to encourage healthy, independent adventurers to join us in recreational, outdoor experiences. We always remain flexible in order to personalize your adventure. We stress risk reduction, though any adventure involves some risk, however minimal. Our expertise minimizes the risk for you and society dictates the following waiver is necessary to minimize our risk.

WAIVER OF ALL CLAIMS, RELEASE FROM LIABILITY and ASSUMPTION OF RISKS

I understand that during the course of a trip with Baja Kayak Adventure Tours Ltd.. and/or Mexico Ciclismo y Kayak S.A. de C.V. (hereafter referred to as "the Companies") certain risks and dangers may occur, including but not limited to the hazards of ocean kayaking, camping in the wilderness, , accident or illness in remote places without medical facilities, and the forces of nature.

In consideration of the Companies accepting my application to go on a trip, I waive any and all claims I have or that I may have in the future against the Companies and their officers, employees, guides, agents or representatives (collectively "their staff"), and release the Companies and their staff from all liability and agree not to sue them for any injury, death, property damage or loss sustained by me as a result of my participation in a trip with the Companies and their staff due to any cause whatsoever, including, without limitation, negligence on the part of the Companies or their staff.

In entering into this agreement, I am not relying on any inducements made by the Companies or their staff to encourage me to go on a trip.

I confirm that I am of the full age of nineteen years and that I have read and understand this agreement prior to signing it and agree that this agreement will be binding upon my heirs, next of kin, executors, administrators and successors.

Name: _____

Trip Dates: _____

Destination: _____

Signature: _____

(signature of parent or guardian if participant is under 19 years)

Date: _____

RETURN TO: BAJA KAYAK ADVENTURE TOURS Ltd., 2945 SOUTH ROAD, GABRIOLA, B.C.
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