

SILVA BAY KAYAK ADVENTURES & BAJA KAYAK ADVENTURE TOURS LTD.
MEDICAL FORM & WAIVER

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 Silva Bay Kayak Adventures and or Baja Kayak Adventure Tours Ltd (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, sharing the road with motor vehicles while cycling, accident or illness in remote places without medical facilities, and the forces of nature.

In consideration of the Companies acceptance of 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.

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 information on this medical/waiver form changes prior to or during the trip, I will notify

Name or Names:

Destination/Trip:

Signature:

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

Date:

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

Destination:

Trip:

Name:

Address:

City:

Country:

Telephone:

Prov/State:

Postal/Zi

Med Plan #:

Date of Birth:

Citizenship:

In case of emergency, we should contact:

Name:

Phone:

Relationship:

Please list any medications (and dosages) 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, etc). If your medication is life-sustaining, please bring a second set of medication for our guides to carry. Your medication should be clearly labelled, including the dosage, and each type of pill carried in its own container.

If you have been under a doctor's care in the past three months, please describe:

PLEASE SPECIFY THE FOLLOWING:

Psychological limitations (e.g. fear of water, fear of heights, etc):

Physical limitations (e.g. unable to swim, etc):

Chronic illness (e.g. diabetes, angina, etc):

Prior history of joint injury (e.g. tendonitis, shoulder separation, etc):

Allergies to food or medication (if anaphylactic or life-threatening, please specify, and bring your personal ANAKIT):

What can't/won't you eat? (e.g. red meat, cheese, etc):

Date of last tetanus immunization (if you haven't had a tetanus booster in

Silva Bay Kayak Adventures & Baja Kayak Adventure Tours Ltd

2945 South Road,
Gabriola Island, BC V0R 1X7
Tel: 250-247-8939 Fax: 250-247-8933
Email: Info@bajakayakadventures.com

Do you wear contact lenses?