

CANADIAN BUSHCRAFT

REGISTRATION FORM

Complete and mail or email to us at the address listed at the bottom of this form.

Experience Being Registered: _____

Name: _____

Address: _____

Town/City: _____

Province/State: _____ Postal/Zip Code: _____

Country: _____

Phone #: _____

Email: _____

Date of Birth: _____

Gender (circle one): Male Female

How did you hear about us?

Emergency Contact Information

Name: _____

Phone #: _____

Email: _____

Relationship to You: _____

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Health Information

For safety reasons, we need to be aware of any special health concerns you may have. Please attach a separate sheet if you need more room to answer the following questions. This information is confidential and is collected solely for the purpose of ensuring your safety.

Do you have any food allergies or dietary restrictions?

Are you allergic to bee stings or other insect bites?

Do you have any medical condition(s) about which we should be aware?

Do you take any medications about which we should be aware?
If yes, please list them and describe what they are for:

Deposit

Please include a cheque or money order for the deposit. The deposit is ½ of the camp fee. We'll hold a spot for you only after we receive your deposit. Deposits are nonrefundable unless the camp for which you're registering is full.

Cancellations and Refund Policy

With cancellations more than 60 days in advance of the trip, the fee, less the deposit, will be refunded.

With cancellations less than 60 days prior to the start of the camp, all monies are non-refundable and non-transferable. These policies reflect the fact that we do not overbook, cancelled spaces are very difficult to fill at the last minute, and that the vast majority of costs are incurred in preparing for a camp. If a program is cancelled by us for any reason, the full tuition (including the deposit) will be refunded.

AGREED TO AND ACCEPTED BY:

Signature: _____

Date: _____

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ACKNOWLEDGEMENT OF RISKS

In consideration of the services of Canadian Bushcraft, their officers, agents, employees, volunteers, and all other persons or entities associated with said business, I agree as follows:

Although Canadian Bushcraft has taken reasonable steps to provide you with appropriate equipment and skilled instructors and guides so you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of these activities. The same elements that contribute to the unique character of these activities can be causes of loss or of damage to your equipment, accidental injury or illness, or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks. Please refer to the following described list of some, but not all, of those risks.

Risks include, but are not limited to:

- hypothermia
- dehydration
- frostbite
- automobile accidents
- sunburn
- toxic plants
- wild animals
- burns
- drowning
- lightning
- equipment failure
- cuts
- extreme weather
- bruises
- ankle injuries
- insect bites
- parasites
- loss of gear

I am aware that this activity entails risks of injury or death to myself. I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for the risks identified herein and those risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks. I certify that I am fully capable of participating in this activity. Therefore, I assume full responsibility for myself for bodily injury, death, and loss of personal property and expenses thereof as a result of those inherent risks and dangers and of my negligence in participating in this activity.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative, estate and for all members of my family.

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I acknowledge I am not relying on any oral, written, or visual representations of statements made by Canadian Bushcraft including those made in its brochures, web site, or other promotional material, to induce me to participate in this activity.

AGREED TO AND ACCEPTED BY:

Signature of Participant: _____

Print Name: _____

Date: _____

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PHOTOGRAPHY RELEASE FORM

I hereby give permission for Canadian Bushcraft to use photographs /video taken during my Canadian Bushcraft Experience.

I hereby consent to the use of these photographs/video of myself, and/or any copies of this photograph in any editorial, medial or promotional material produced and/or published by Canadian Bushcraft.

I agree that these photographs/videos will be the exclusive property of the Canadian Bushcraft and that all reproduction rights are handed over to Canadian Bushcraft to use the photos in any medium in perpetuity. I am free to use these photographs/videos for my own personal use.

I understand that signing this release does not guarantee publication of the photo.

I understand that there will be no compensation or remuneration for the use of the photo.

AGREED TO AND ACCEPTED BY:

Signature of Participant: _____

Print Name: _____

Date: _____

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INDIVIDUAL RELEASE AND HOLD-HARMLESS AGREEMENT

I understand that participating in the _____ (experience) to be held on _____ (date) involves a certain degree of risk that could result in injury, death or loss or damage to person or property.

After carefully considering the risk involved, I hereby release, hold-harmless and waive all claims associated with this activity, which I may have against Canadian Bushcraft, its owners, employees, and assistants.

AGREED TO AND ACCEPTED BY:

Signature of Participant: _____

Print Name: _____

Date: _____

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MEDICAL INFORMATION FORM

NOTE: This form is for use by Canadian Bushcraft staff only. This information is collected to assist staff should a medical emergency arise. In accordance with applicable Privacy Legislation, this information will not be used for any other purpose.

Surname: _____

Given Name: _____ Middle Initial: _____

Date of Birth: _____

Address: _____

Town/City: _____

Province/State: _____ Postal/Zip Code: _____

Country: _____

Phone #: _____

Email: _____

Physician's Name: _____

Physician's Phone #: _____

Provincial Medical Plan: _____

Insurance Coverage Held: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Emergency Medical Information

Do you have any allergies? Please Circle: Yes No

If yes, please circle below, and indicate specific allergy in space provided.

Medicine: _____

Insect Bites: _____

Toxins: _____

Food: _____

Smoke: _____

Plants: _____

Animals: _____

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Other: _____

I have had (please circle):

Appendicitis

Mumps

Chicken Pox

Measles

Kidney Disease

Rheumatic Fever

Scarlet Fever

Heart Condition

Other: _____

Am subject to any of the following (please circle and give details in space provided):

Asthma: _____

Fainting Spells: _____

Ear Problems: _____

Back Problems: _____

Convulsions: _____

Contact Lenses: _____

Bleed Disorders: _____

Diabetes/Hypoglycemia: _____

Motion Sickness: _____

Sleepwalking: _____

Headaches: _____

HIV: _____

Hernia: _____

Cramps: _____

Nightmares: _____

Other: _____

Does the participant require special care, medication or diet?

Please circle: Yes No

If yes, provide details: _____

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Date of most recent physical examination: _____(M) _____(Year)

Date of last tetanus shot: _____(M) _____(Year)

Swimming abilities (please circle):

Non Swimmer Swimmer (Highest Level Achieved): _____

Has it ever been necessary to restrict your abilities for medical reasons?

Please circle: Yes No

If yes, provide details: _____

AGREED TO AND ACCEPTED BY:

Signature of Participant: _____

Print Name: _____

Date: _____