

# Trip & Course Registration Form



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal/Zip code: \_\_\_\_\_

Home Tel: (\_\_\_\_) \_\_\_\_\_ Bus. Tel: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Trip/Course name: \_\_\_\_\_ Dates: \_\_\_\_\_

Total cost: \$ \_\_\_\_\_ Deposit enclosed: \$ \_\_\_\_\_ (Deposit 20% or \$100.00 whichever is more. Balance due 30 days prior)

Payment by (circle one):	Visa	Master Card	Cheque	Money Order	E-transfer
Card #:	_____	Expiry:	_____	3 Digit Code on back	_____
Card holder signature:	_____	Date:	_____		
I agree to the terms and conditions of registration and understand I will be required to complete and sign all required forms including a standard liability release before participating in any activity.					
Date:	_____	Signed:	_____		

How did you hear about us?      Brochure      Web Search      Paddling Ont Sit      Other Website      Word of Mouth      I am a previous guest  
Mag Advert      Mag Article      Slide show      Web advert      Other

Please be as specific as possible: \_\_\_\_\_

What interested you in this trip/course? \_\_\_\_\_

Your occupation: \_\_\_\_\_

Please send information to my friend: \_\_\_\_\_

Boat Required: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please include- Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tent Required: Yes \_\_\_\_\_ No \_\_\_\_\_ If bringing own tent (brand/model): \_\_\_\_\_

Additional Meal Plan (optional for some trips/courses) Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_ (cost)

I have a travel partner I would like to share with: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of travel partner: \_\_\_\_\_

Do you snore? Yes \_\_\_\_\_ No \_\_\_\_\_ If traveling solo, can you share with a snorer: Yes \_\_\_\_\_ No \_\_\_\_\_

Other equipment needs? (Miscellaneous equipment is available for rent): \_\_\_\_\_

All trips and courses offer tent accommodations on the beach. As a guest, you may prefer to stay at a reduced rate, at our Rock Island Lodge which offers nicely appointed, clean rooms with beautiful views of Lake Superior in a bed & breakfast environment.

Accommodation Requested: Yes \_\_\_\_\_ No \_\_\_\_\_ Single: \_\_\_\_\_ Double \_\_\_\_\_ Share with: \_\_\_\_\_

Check-in Date: \_\_\_\_\_ Check-out date: \_\_\_\_\_ Approx. time (if known): \_\_\_\_\_ No. of Nights: \_\_\_\_\_

Check-in Date: \_\_\_\_\_ Check-out date: \_\_\_\_\_ Approx. time (if known): \_\_\_\_\_ No. of Nights: \_\_\_\_\_

➔ Please Fax Or Mail Your Registration To: Naturally Superior Adventures

R.R. #1, Wawa, Ontario Canada ● Fax: 1-855-958-0888 ● Toll Free: 800-203-9092 ● Phone: 705-856-2939

# Trip & Course Medical/Diet Form

Name: \_\_\_\_\_

Trip/Program: \_\_\_\_\_ Dates: \_\_\_\_\_

Emergency contact (name(s)): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Other phone #: \_\_\_\_\_

Health insurance provider (US guests): \_\_\_\_\_ Contact: \_\_\_\_\_

Policy /OHIP #: \_\_\_\_\_ Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of last Tetanus shot (required every 10 years): \_\_\_\_\_

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

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

Please describe any medical, physical, or mental health conditions that may affect your participation in this trip: \_\_\_\_\_

\_\_\_\_\_

Please list any allergies. (Please include your reaction and severity if exposed): \_\_\_\_\_

\_\_\_\_\_

Please list any drug allergies. (Please include your reaction and severity if exposed): \_\_\_\_\_

\_\_\_\_\_

Please list any regular medications you are taking and for what condition: \_\_\_\_\_

\_\_\_\_\_

Please list any recent injuries and/or major illnesses: \_\_\_\_\_

Please list any dietary allergies and severity: \_\_\_\_\_

Please advise of any dietary restrictions or dislikes: \_\_\_\_\_

Please indicate any dietary preferences: \_\_\_\_\_

I have read and agree to the terms and conditions of registration (outlined on page 3). I understand I will be required to complete and sign all required forms including a standard liability release before participating in any activity.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Your canoe/kayak experience: Fair: \_\_\_\_\_ Good: \_\_\_\_\_ Excellent: \_\_\_\_\_ N/A: \_\_\_\_\_

Swimming ability: Fair: \_\_\_\_\_ Good: \_\_\_\_\_ Excellent: \_\_\_\_\_ N/A: \_\_\_\_\_

Hiking ability: Fair: \_\_\_\_\_ Good: \_\_\_\_\_ Excellent: \_\_\_\_\_ N/A: \_\_\_\_\_

Wilderness camping experience: Fair: \_\_\_\_\_ Good: \_\_\_\_\_ Excellent: \_\_\_\_\_ N/A: \_\_\_\_\_

What are you most looking forward to? \_\_\_\_\_

Do you have any concerns? \_\_\_\_\_

\_\_\_\_\_

# Registration Terms & Conditions



## REGISTRATION

To register you must complete all forms including the Registration Form, Medical/Diet Form and the Participation Release of Liability. **All forms are required for your participation in any activity.** If you register, then decline to sign the Medical/Diet Form and/or Liability Release, you will not be permitted to participate. If you have any questions about the forms, please feel free to contact us. Naturally Superior Adventures takes great care to ensure your safety.

## CONFIRMATION

We will confirm your reservation upon receipt of your registration forms and deposit.

## PAYMENT

If paying by credit card, your deposit will be processed upon receipt of your registration forms. The balance payment will automatically be processed on your credit card 30 days before your start date. We cannot guarantee your reservation if your credit card is declined.

If paying by cheque or money order, your reservation will be confirmed upon receipt of your registration forms and deposit. The balance must be received 30 days prior to your start date. We will contact you to confirm receipt of both your registration forms and as well as your final payment. If full payment is not received 30 days prior, your reservation may not be guaranteed. Please feel free to contact us to follow up.

## INFORMATION PACKAGE

Closer to your start date, we will forward an Information Package. This package is designed to assist with your planning. It includes directions to our site, packing guidelines and some insight into what to expect. It also includes background information on Lake Superior and Naturally Superior Adventures.

## CANCELLATION

Cancellations more than 60 days before your start: 100% less a \$45.00 administration fee

Cancellation more than 30 days before your start date: 100% refund (less deposit)

Cancellation 14 -30 days notice: 50% refund

Cancellation less than 14 days notice: no refund.

If you find a qualified replacement we will refund all but the \$45.00 administrative fee.

Naturally Superior Adventures reserves the right to cancel any trip/course with 14 days notice at which time a full refund will apply. You always have the option of transferring to another trip/course or getting a full refund.

## PRIVACY

In accordance with privacy legislation, the information provided in these forms will be used by Naturally Superior Adventures only for the purpose providing services to our customer and will only be provided to others in the event of emergency or health issues that arise for the purpose of attending to the needs of our guest. To this extent and for the stated purpose the guest consents to the use and disclosure of the information contained herein. The above information is complete and correct to the best of my knowledge.

## TRAVEL INSURANCE

Travel insurance is recommended. We reserve the right to cancel trips with too few participants.

It doesn't happen often, however, we recommend that you have adequate insurance to cover any injury or damage or evacuation that you may cause or suffer. You will be responsible to fully bear the costs incurred including evacuation. This type of insurance is not expensive and can be a worthwhile investment. This type of insurance is not expensive and can be a worthwhile investment.

## QUESTIONS

Please feel free to contact us at any time. We are happy to answer all of your questions and provide as much information as you need prior to your trip/course.

# Trip & Course & Workshop Participation Release of Liability (Including Youth)

In consideration of being allowed to participate in any way in the Naturally Superior Adventures program, related events and activities, the undersigned acknowledges, appreciates and agrees that;

1. The risk of injury from the activities involved in adventure travel including this program is significant, including potential for permanent disability and death, and while particular guidelines, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; from factors including, but not limited to terrain, isolation, animals and weather; and,

2. **I knowingly and freely assume all such risks**, both known and unknown, **even if arising from the negligence of the releasees**, or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest staff/guide immediately; and,

4. I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **hereby release and hold harmless Naturally Superior Adventures**, its officers, officials, agents and or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), **with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise**, to the fullest extent permitted by the law.

5. Any disputes or claims arising out the relationship between myself, and on behalf of my heirs, assigns, personal representatives and next of kin and the releasees, shall be determined according to the laws of the province of Ontario and shall be adjudicated upon within Ontario.

I \_\_\_\_\_ (print your name) have read and understand this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

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## For Parents/Guardians of Participants of Minority Age (Under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for the participant, do consent and agree to his/her release as provided above of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **even if arising from their negligence**, to the fullest extent permitted by law.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date