



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 _____ office _____
fax _____
E-mail address _____
Emergency Contact: name _____ phone: day: _____
evening: _____

Previous trips with Grey Wolf Expeditions

Who were your guides?



Payment

Please find enclosed my Visa or Mastercard payment of \$

Please charge my VISA or M/C # _____ exp. date _____

Security Code # (back side of your credit card) _____

Signature of Cardholder _____ Date _____

Options

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

1. _____

2. _____

3. _____

I am bringing my own:

Tent _____ (brand / model) _____ Paddle _____

PFD _____ sleeping bag _____ sleeping pad _____

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 _____

Please send information on Grey Wolf Expeditions to my friend/family member: Name/Address/
Email _____



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:

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

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

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

In consideration of GW accepting my application for participation in the kayaking/hiking/camping and adventure travel trip from _____ to _____, 2012, 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): _____