

Participant Information & Agreement

Welcome to West Coast Expeditions! To help us make your kayaking adventure as enjoyable as possible, please complete this form and **return it along with your Medical Information Form and Liability Release Form at least 4 weeks before your scheduled trip, or immediately if registering within 4 weeks of your trip start. Please return via Fax, E-Mail or mail.**

We operate in remote locations where access to medical care can sometimes be difficult or delayed. Completing this questionnaire fully and accurately will give our staff an understanding of your abilities and possible limitations. This information will remain confidential, with the exception of any medical history or allergy information which may put the group or you at risk if it is not disclosed. We will release only the information required for this purpose. In the unlikely circumstance that other information may need to be released, we will do so only with your permission.

Participant Information:

Full Name: _____ Date of Birth: D / M / YR Age on Trip: ____ Male Female

Address: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____ Would you like to be on our newsletter list? Yes No

Emergency Contact Name & Relationship : _____ Phone: _____

Accommodation or address the night before your trip (for van shuttle) – i.e. where to pick you up!

Kayaking Information:

Trip Name & Dates: _____ Height: _____ Weight: _____

PFD / jacket size? (unisex) Child XS Small Med Large XL XXL I will bring my own

What is your:

Kayak preference?	<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Either	<input type="checkbox"/> Both
Kayaking experience?	<input type="checkbox"/> Not Yet Tried	<input type="checkbox"/> Day Trips	<input type="checkbox"/> Multi-day	<input type="checkbox"/> Intro Course
Kayaking ability?	<input type="checkbox"/> None	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Swimming ability?	<input type="checkbox"/> None	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

Participation Agreement & Permission to Publish:

I understand that in the event of inclement weather, or any other condition that threatens the safety of the participants, West Coast Expeditions reserves the right at any time, to alter the itinerary of the trip package or expedition, without penalty or obligation to refund any amount paid by the participants.

I understand and fully accept that West Coast Expeditions reserves the right at any time to refuse, without penalty or any obligation to refund any amount paid, continued participation in an expedition by any person who in the sole discretion of the trip guides becomes a hazard to themselves or other members of the trip or expedition.

I hereby acknowledge that West Coast Expeditions and other participants of this trip or expedition may record my participation in this expedition using film, video, digital photography, writing, or other methods and I consent to the foregoing taking place.

PARTICIPANT SIGNATURE: _____ **DATE (D/M/Yr):** _____

Parent or Guardian signature if participant is under age 19: _____

Medical Information

Dietary:

We strive to offer you a deliciously memorable wilderness food experience. We do our best to accommodate your dietary restrictions, but please keep in mind that we cannot guarantee that traces of allergens will not be present in food preparation areas. If you have severe or anaphylactic allergies please contact us to discuss how best to meet your needs.

I cannot eat: (check all that apply)

- Poultry Seafood Shellfish Fish Beef Pork
 Cooked eggs Eggs in baking Dairy Dairy in baking Wheat Gluten

Please describe specifics about your dietary restrictions: _____

Appropriate substitutes: _____

Medical Conditions:

Please circle YES or NO for each item. **If answering YES to an item, please provide further details after this table.**

Do you currently have or do you have a history of:					
1. Respiratory problems or asthma?	YES	NO	13. Neurological issues: seizures or other?	YES	NO
2. Allergies to the environment or stings?	YES	NO	14. Dizziness or fainting episodes?	YES	NO
3. Allergies to any food?	YES	NO	15. Menstrual cramp treatment / medication?	YES	NO
4. Allergies to any medications?	YES	NO	16. Urinary or reproductive tract disorders?	YES	NO
5. Other allergies?	YES	NO	17. Back, knee or shoulder problems?	YES	NO
6. Gastrointestinal disturbances?	YES	NO	18. Other bone, joint, muscle, tendon issues?	YES	NO
7. Diabetes?	YES	NO	19. Mental health treatment or counselling?	YES	NO
8. Bleeding / blood disorders?	YES	NO	20. Do you see a medical/physical specialist?	YES	NO
9. Heart disease or cardio vascular issues?	YES	NO	21. Are you pregnant?	YES	NO
10. High Blood Pressure?	YES	NO	22. Do you smoke?	YES	NO
11. Hepatitis or other liver disease?	YES	NO	23. Other medical conditions (past / present)?	YES	NO
12. Infections (ear, eye, bladder, kidney, etc)?	YES	NO			

If "yes" to any of the above, please provide further relevant details (by item #) about causes, onset symptoms, type of reaction or how the condition affects you, severity, treatment, last time it occurred or was a concern, and recovery time:

Please list any medications (prescription, non-prescription and natural remedies) that you will bring with you on your trip. Please list the name of the medication/remedy, reason for use, and instructions for frequency and dosage:

*(If currently taking medication, or if you carry medication for a condition, e.g., asthma, angina, diabetes, please ensure that your prescription is up-to-date, that you **bring double the necessary** supply, and that you store it in **waterproof containers in two separate locations** among your belongings or with one of your guides).*

Do you carry: An Epipen or epinephrine? An emergency inhaler? Other? _____

Do you have any medical conditions or history not previously mentioned that might affect your health or the well-being of others on this trip, or which your guides should be aware of (e.g., hearing loss, balance issues, recent injury, etc.)?

YES NO If yes, please describe: _____

Has there been any change in your health in the past year that may affect your ability to participate on this trip?

YES NO If yes, please describe: _____

Last Tetanus immunization? _____ (year) *(We strongly recommend that your Tetanus be current within 10 years of your trip)*

Are you prone to sea sickness? **YES NO DON'T KNOW**

(If yes, we suggest that you see a health care professional about the many options available to help you prevent/cope with seasickness)

Do you exercise regularly? **YES NO** Please describe type, duration and frequency: _____

Insurance and Medical Coverage:

International Guests: We require you to please carry medical travel insurance while on tour with West Coast Expeditions. Please provide the name and contact details of your insurance provider and your policy number:

Canadian Participants: Please provide your Care Card Number (or equivalent) and details for any additional travel insurance that you may carry: _____

(We recommend that, if applicable, you notify your provincial health care plan that you will be out of province)

Agreement to Disclose:

The information provided above is a complete and accurate statement of any physical and psychological conditions which may affect my participation in this trip. I realize that failure to disclose such information could result in serious harm to me and to other guests. I agree to inform West Coast Expeditions should there be any change in my health status during or prior to the start of the trip. On the basis of the background information that I have provided, and what I know or suspect about my physical and psychological health, I am fully capable of participating in this wilderness adventure trip.

PARTICIPANT SIGNATURE: _____ **DATE (D/M/Yr):** _____

Parent or Guardian signature required if participant is under age 19: _____