



Reg#

## FLOATING DINNER THEATRE REGISTRATION 2017 (Adult)

Form revised March 27, 2017

A separate form is required for each participant. Place an x on appropriate row in # and price column

X	#	PROGRAM	DATES/TIMES	Length	Price	X
	FTJN22	Floating Dinner Theatre	Thurs, June 22, 6-9 pm	3 hours		
	FTJN29	Floating Dinner Theatre	Thurs, June 29, 6-9 pm	3 hours		
	FTJL6	Floating Dinner Theatre	Thurs, July 6, 6-9 pm	3 hours		
	FTJL13	Floating Dinner Theatre	Thurs, July 13, 6-9 pm	3 hours		
	FTJL20	Floating Dinner Theatre	Thurs, July 20, 6-9 pm	3 hours		
	FTJL27	Floating Dinner Theatre	Thurs, July 27, 6-9 pm	3 hours		
	FTAU3	Floating Dinner Theatre	Thurs, Aug 3, 6-9 pm	3 hours		
	FTAU10	Floating Dinner Theatre	Thurs, Aug 10, 6-9 pm	3 hours		
	FTAU17	Floating Dinner Theatre	Thurs, Aug 17, 6-9 pm	3 hours		
	FTAU24	Floating Dinner Theatre	Thurs, Aug 24, 6-9 pm	3 hours		
			General Admission:		\$95	
			Elders (65+):		\$85	
			Children under 10:		\$75	
			Children under 5:		Free!	
			Family (2 parents, 2 children)		\$285	
			Season's Pass (4 performances)		\$310	
				<b>Sub Total:</b>		
Pd by:	CQ	Cash	Visa	MC	ET	
				GST# 122209836	5% GST:	
<b>CC #:</b>				<b>Total due:</b>		
<b>Expiry:</b>				Initial of NARWAL agent:		<b>Total Paid:</b>
<b>Cardholder's name (print):</b>				<b>Balance Owning:</b>		
<b>Cardholder's signature:</b>						
<b>CONTACT INFO</b>				<b>HEALTH INFO</b>		
Participant Name:				<i>I consider my physical condition to be:</i>		
Street Address:				Below average	Average	
Postal Address:				Above average	Excellent	
Community:				<i>I consider my swimming ability to be:</i>		
Postal Code:				Poor	Fair	
Phone # (W):				Good	Excellent	
Phone # (H):				Family Doctor:		
Fax:				Clinic:		
Email:				Clinic Phone #:		
Birth date (m/d/y):				Age:		
Height (feet/inches):				weight (lbs):		
Health Care #:				Asthma	Epilepsy	
Emergency Contact:				Back problems	Diabetes	
Relationship:				Heart Disease	High Blood Pressure	
Contact work Ph:				Do you smoke?	Are you pregnant?	
Contact home Ph:				Do you get cold easily?		
Do you have any allergies (including food, environmental or medications)?				Yes	No	
If yes, please list; describe reaction / treatment:						
Is there any physical or health information that should be brought to the attention of your group leader for your own safety and/or the safety of the group?				Yes	No	
If Yes, please explain:						

**PLEASE CAREFULLY READ AND SIGN WAIVER (ON REVERSE)**

## **WAIVER AND RELEASE OF RESPONSIBILITY (ADULT)**

In consideration of being allowed to participate in any way in the NARWAL outdoor programs, activities, events and tours, the undersigned acknowledges and agrees that:

1. I, (Print ) (adult participant's name) understand that there are hazards

associated with any outdoor activity, including paddling. I am aware that these hazards include but are not limited to cold water, rocks, waves, sweepers, logjams, keeper holes, waterfalls, ledges, and wildlife encounters. I understand that the risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death; and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the releases, or others, and assume full responsibility for my participation.

3. I acknowledge that participation in this program will require physical exertion. I affirm that I am in good physical and mental health, and can meet these demands. I understand that the final decision to participate in any aspect of this program rests with me, and that I am not required to participate in activities I deem to be unsafe or beyond my capabilities.

4. I willingly agree to comply with the stated and customary terms and conditions of participation. If, however, I observe any unusual significant hazard during participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

5. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS NARWAL, its officers, officials, volunteers, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (all of whom are referred to as "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE.

6. I understand that this release of liability and assumption of risk applies to any and all claims, actions, losses and damages suffered actually or prospectively, by myself, arising from any occurrence, accident, mishap, or other event transpiring during the giving of this program, or arising as a result of any activity relating directly or indirectly to the program whether such activity be prior or subsequent to the giving of the program.

7. I am responsible for repairing or replacing any lost or damaged equipment assigned to me during the program, as assessed by NARWAL.

8. I authorize NARWAL to use photographs of myself pursuing the activity for which I have registered for the purposes of promoting future NARWAL programs, activities and training events, and in training material.

10. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

11. I understand that my signature below signifies my endorsement of all the information provided both on this Waiver and the Registration form. (See Reverse.)

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Signature of Participant

Witness

Date Signed