



COURSE REGISTRATION 2019 (Adult)

Form revised April 15, 2019

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
	1	Lake Canoe Skills	Pool: July 5, 7-9:30 PM Lake: July 6 - 8, 7-9:30 PM	10 hours	\$295	
	2	Sea Kayak Skills	Pool: July 5, 7-9:30 PM Lake: July 6 - 8, 7-9:30 PM	10 hours	\$350	
	3	River Canoe Skills	Theory/Lake: July 10 & 12, 7-9 PM River: July 13 & 20, 9 AM – 5 PM	20 hours	\$395	
	4	River Kayak Skills	Theory/Lake: July 10 & 12, 7-9 PM River: July 13 & 20, 9 AM – 5 PM	20 hours	\$395	
	5	Kids' Paddle Camp	Pool: July 7, 9 AM - noon Lake: July 8 - 12, 9 AM – 5 PM	5 ½ days	\$525	
	6	Youth Adventure Camp	Pool: July 28, 9 AM–noon Lake: July 29 & 30, 9 AM to 5 PM Trip: July 31–Aug 2	5 ½ days	\$595	
	7	Semi/Private Lessons	Private: \$50/hour/person, semi-private: \$40/hour/person			
		Special Program:				

How did you hear about this Program?						Sub Total:	
Pd by:	CQ	Cash	Visa	MC	ET	GST# 122209836	5% GST:
CC #:						Total due:	
Expiry:	Initial of NARWAL agent:					Total Paid:	
Cardholder's name (print):						Balance Owning:	
Cardholder's signature:							

CONTACT INFO

HEALTH INFO

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:		<i>Do you have any of the following? (yes/no)</i>			
Height (feet/inches):		weight (lbs):		Asthma		Epilepsy	
Health Care #:				Back problems		Diabetes	
Emergency Contact:				Heart Disease		High Blood Pressure	
Relationship:				Do you smoke?		Are you pregnant?	
Contact work Ph:				Do you get cold easily?			
Contact home Ph:							
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