

Name: _____ Trip: _____

Address: _____

Phone: _____ (home / work / cell) Email: _____

Date of Birth: _____ (MM/DD/YYYY) Age: _____ Male Female

Medical Insurance Plan (eg. Nunavut Health Care Plan, Blue Cross): _____ Number: _____

Emergency Contact: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Has a doctor ever advised you to limit any of your normal day-to-day activities or refrain from any form of exercise?
 Yes No Describe: _____

Do you have any conditions or past injuries which cause you pain or limit the range of motion of your muscles, joints, bones, spine or other parts of your body? Yes No Describe: _____

Do you have asthma? Yes No If yes, is it well controlled with an inhaler? Yes No

Do you have high blood pressure: Yes No Have you had any recent illness or surgery? Yes No Describe: _____

Do you have any dietary restrictions? Yes No Describe: _____

Do you have any allergies? Yes No Describe: _____

If yes, what is the treatment? _____

Are you anaphylactic and carry an Epi-pen? Yes No For which allergies? _____

Are you currently taking any drugs or medications? Yes No If yes, list drug and reason for taking it. _____

Is there anything else we should be aware of concerning your health or physical condition? Yes No Describe: _____

All participants are required to complete the Information Form and Liability Waiver prior to leaving the departure area. Modifications to this document are not permitted.

Voluntary Participation

I acknowledge that I have voluntarily applied to participate on this excursion and that I have read the description of the trip as it appears on the web site. I am voluntarily participating on this excursion with the knowledge of the hazards involved.

Assumption of Risk

I am aware that adventure travel such as that which I am undertaking involves hazardous activities in remote areas of the world with a risk of illness, injury, permanent disability, and death. I am also aware that medical services or facilities may not be readily available or accessible during some or all of the time during which I am participating on the trip. In order to partake of the enjoyment and excitement of this adventure travel excursion I am willing to accept the risks and uncertainty involved as being an integral part of my adventure. I hereby accept and assume full responsibility for any and all risks, known or unknown, including but not limited to illness, injury, permanent disability, and death, except for risks caused by the gross negligence or intentional misconduct of Arctic Kingdom, or its employees, officers, directors, and agents.

Health

Most of our excursions can cater to different activity levels and mobility constraints. A person with coronary disease, epilepsy, a severe medical problem or who is under the influence of drugs or alcohol should not join a tour. Please let us know of any medical concern you may have prior to excursion. Trip participants are responsible for providing correct information regarding personal details. No refunds will be provided for customers who are unable to complete a tour due to misrepresentation of ability and/or failure to disclose existing health conditions which impact the customer's ability to complete a tour.

Release and Covenant Not to Sue

As consideration for being permitted by Arctic Kingdom Inc. (AKI) to participate in its adventure travel activities, I hereby agree that neither I, nor any of my heirs, personal or legal representatives, or family members will bring suit or make a claim for illness, injury or death resulting from the negligence of Arctic Kingdom, Inc., any of its employees, officers, directors, agents, contractors or affiliated organizations (or the supplier of any of the facilities or equipment I will use in these activities) as a result of my participation in this excursion. I hereby release Arctic Kingdom, Inc., its employees, officers, directors, agents, contractors and all of its affiliated organizations from and against any and all liability arising out of, or in any way connected with, my participation in the trip.

Knowing and Voluntary Execution

I have carefully read this agreement and fully understand its contents. I am aware that this is a liability release and a contract between myself and Arctic Kingdom Inc. and/or its affiliated organizations and am signing it of my own free will.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a Lawsuit against AKI on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Participant Signature (Parent or guardian's signature if under 18)

Date