

# REGISTRATION / WAIVER FORM

COASTAL ADVENTURES  
P.O. Box 77, Tangier, NS B0J 3H0  
Tel/Fax: (902) 772-2774

Name \_\_\_\_\_

Address: Street \_\_\_\_\_

Town/City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_

Work \_\_\_\_\_

Email \_\_\_\_\_

Fax # \_\_\_\_\_

## WAIVER OF LIABILITY

I acknowledge that sea kayaking does involve some risk which is beyond the control of COASTAL ADVENTURES. I also acknowledge that weather and/or water conditions may require alteration of the trip itinerary. Therefore, in consideration of COASTAL ADVENTURES accepting my participation in the trip described above, the undersigned hereby releases and forever discharges COASTAL ADVENTURES, its agents, servants and employees from any claims, damages, actions or causes of actions of every nature or kind whatsoever, however caused, arising out of, or in any way connected with, the participation of the undersigned in the trip described above, notwithstanding that the same may have arisen by reason of negligence of COASTAL ADVENTURES, its agents, servants and employees.

**I also understand and accept the Coastal Adventures cancellation policy.**

**I acknowledge that I have read the above and fully understand my commitment.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent or Guardian if under 18

\_\_\_\_\_

Name of Trip \_\_\_\_\_

Date of Trip \_\_\_\_\_

Rental Equipment Required:

Tent (\$15/day) \_\_\_\_\_

Sleeping Bag (\$25/trip) \_\_\_\_\_

Inflatable Mattress (\$20/trip) \_\_\_\_\_

Other \_\_\_\_\_

Are you bringing your own boat? YES \_\_\_\_\_ NO \_\_\_\_\_

Enclosed please find:

Cheque/ Money Order/Credit Card for \$ \_\_\_\_\_

Visa/MC # \_\_\_\_\_ EXP \_\_\_\_\_

Cancellation Insurance (15%) YES \_\_\_\_\_ NO \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Kayaking Experience \_\_\_\_\_

Food Sensitivities/Diet \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Medical Information (e.g. allergies) \_\_\_\_\_

Plan & No. of Medical Coverage \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

In case of emergency please contact \_\_\_\_\_

Telephone(H): \_\_\_\_\_ Telephone(W): \_\_\_\_\_

Relationship: \_\_\_\_\_

Please return this form as soon as possible.