



Name of Programme(s) applied for: \_\_\_\_\_ Date(s): \_\_\_\_\_

### Section 1: Personal Information - please print

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

I would prefer to receive next year's brochure by: mail  e-mail

Address: street \_\_\_\_\_

town \_\_\_\_\_ prov \_\_\_\_\_ postal code \_\_\_\_\_

Phone #: home \_\_\_\_\_ alternate (bus/cell) \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

the following (voluntary) information is for boat fitting purposes: Sex: M  F  Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Age: \_\_\_\_\_

Have you paddled with us before? No  or if Yes which programme(s)/when? \_\_\_\_\_

Other paddling/camping experience: \_\_\_\_\_

How did you hear about us:  Paddling Ontario?,  P.E.A.T.?,  Other: \_\_\_\_\_

May we use your picture and/or comments to promote our programmes? Yes  No, please don't

Bringing your own boat/equipment? (Please describe) \_\_\_\_\_

(There is a \$20 per day discount for properly equipped kayaks used in full day programmes. If you take advantage of this benefit please be aware that we bring a tandem on all trips, occasionally you will be asked to allow another participant to paddle your boat while you're in the tandem.)

### Section 2: Medical Information

O.H.I.P. # (for Ontario residents) \_\_\_\_\_ Last Tetanus Injection: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have any chronic disability or illness? (ie. Heart condition, susceptibility to cold, dislocations, headaches, epilepsy, asthma, diabetes, etc.) \_\_\_\_\_

List any allergies (food, drug, environmental, etc.) and their severity. Please explain the measures we need to take in case of reaction: \_\_\_\_\_

Describe any other physical, social, medical or emotional conditions that may prevent you from participating fully in the programme: \_\_\_\_\_

What medication are you currently taking?: \_\_\_\_\_

### Section 3: Other Info - For Daytrip and Multi-Day Trip Participants Only

Are there any dietary restrictions we should know about? \_\_\_\_\_

Now... what do you really like to eat/drink? \_\_\_\_\_

#### IMPORTANT!! REGISTRATION INFORMATION

**In order to guarantee a spot in a programme:** Full payment is required to reserve your space in a clinic or daytrip. A \$200 deposit is required to reserve your space on a trip, with full payment due 30 days prior to trip date. We accept VISA and MasterCard by phone, from 9 am to 5:30 pm daily or send a cheque by mail.

**If you cancel:** Within 30 days of the programme we will retain all fees unless you or we can find a replacement, even if cancellation is due to a sudden illness, emergency or accident. If a replacement is found, or for cancellations beyond 30 days prior, a full refund (less a \$25 administrative fee - \$15 for day programmes) will be issued.

**If we cancel:** We reserve the right to cancel any programme at any time due to unsafe weather or insufficient registration. In this case a full or partial refund (depending on circumstance) will be issued.

**"Acknowledgement and Assumption of Risk" & "Release and Waiver of Liability" forms must be completed in order to participate in any programme.**

Name: \_\_\_\_\_ Are you 18 or older? Yes  No   
Name of Programme: \_\_\_\_\_ Date(s): \_\_\_\_\_

**Programme Description – You must Read This *Please***

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White Squall Ltd. programmes are challenging paddle/camp activities that often take place away from medical facilities. The programmes involve physically and emotionally draining activities that require caution and adherence to all safety instructions. Risks of participating include, but are not limited to: cold water, strong winds, currents, waves, boat traffic, hazards of wilderness travel, camping on exposed islands, lightning strikes, slipping and falling, exposure to temperature extremes, inclement weather, accidents occurring while traveling to and from activity sites and other risks that might not be predictably known. The consequences of these risks include but are not limited to: death, severe injury, property and financial loss, illness and psychological trauma.

White Squall staff have difficult jobs to perform. They seek safety but are not infallible and can make mistakes. They will strive to provide you with clear instruction, proper equipment and competent guidance and supervision. You need to understand that equipment can fail and things can go wrong.

All skills will be taught in progression and at any time you can choose not to participate. We operate as a traveling community where all members must take part in group responsibilities and decision-making. Failure to do so will remove our responsibility to you. You must do your part by following all instructions and safety procedures and understand that these activities have risks.

***Please read and INITIAL the following:***

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- ☛ \_\_\_\_\_ I have read the program description above and fully understand the nature of the program and it's risks, along with the consequences of those risks. I am willing to assume those risks voluntarily.
- ☛ \_\_\_\_\_ All of my questions regarding the risks involved have been answered to my satisfaction.
- ☛ \_\_\_\_\_ I acknowledge that White Squall Ltd. and its' staff cannot guarantee my safety and I agree to follow all instructions given by White Squall staff and to abide by all rules and guidelines. I further agree to participate fully in group responsibilities and decision making, particularly when issues of safety arise.
- ☛ \_\_\_\_\_ I am sufficiently fit both mentally and physically to participate in the full White Squall programme and have identified any limitations on my participation on my completed medical form.
- ☛ \_\_\_\_\_ I have adequate insurance to cover any injury or damage or evacuation I may cause or suffer and agree to fully bear the costs incurred, including evacuation.
- ☛ \_\_\_\_\_ I understand White Squall specializes in small, fixed-number groups and if I cancel within 30 days of the programme date - all fees will be retained unless a suitable replacement can be found even if cancellation is due to a sudden illness, emergency or accident. While we would sympathize and do our best to seek a replacement, please don't ask us to assume responsibility for your problem. Thanks.

# PARTICIPANT'S RELEASE & WAIVER OF LIABILITY FORM

I affirm that I am in good health and capable of participating in the full White Squall programme and that I am aware of and understand that participation in any White Squall programme could lead to death or serious injury. I agree to assume all the risks involved in canoeing, kayaking and camping. These risks include, but are not limited to - the hazards of wilderness and water travel, strong winds and waves and the risk of capsizing and immersion in cold water, hypothermia, accidents and illness in places without medical facilities and other circumstances and risks beyond the control of Tim and Kathy Dyer, White Squall Ltd., its employees, servants, related parties, agents, successors, heirs and assigns (all of the above hereafter called the Releasees)

I will not hold the Releasees liable for any loss or damage to person or property incurred while traveling to the location of the programme, before, during or after the programme, for any reason whatsoever, including negligence on the part of the Releasees and declare that this is binding upon me, my heirs, executors, administrators and assigns. I understand that in the case of persons under the age of 18 years, this form will be signed on their behalf by a parent or guardian who thereby assumes all risks and responsibilities for any loss, injury or death to the child.

I agree that if it becomes necessary to change, alter or cancel all or portions of my programme for reasons of inclement weather or for any other reason beyond the control of the Releasees, I will not hold the Releasees liable. I understand that if I have to be evacuated, I am responsible for all costs. I understand that White Squall Ltd. and the Releasees, must reserve the right to withdraw or refuse any service to any participant at any time.

Should White Squall Ltd. or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. In the event that I file a lawsuit against White Squall, I agree to do so solely in the Province of Ontario and I further agree that the substantive law of that province shall apply in this action without regard to conflict of rules in that province.

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 White Squall Ltd. on the basis of any claim from which I have released them herein.

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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:**

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

**PARENT/GUARDIAN:**

if participant is under 18

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

**WITNESS:**

to the above

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed

## Parents'/Guardian's Medical Authorization for Participants under 18

Registration, medical and waiver forms have been completed correctly to my knowledge and the person described on them has permission to engage in the full White Squall programme except as otherwise noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician in attendance to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child/ward as named above.

Signature of Parent/Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**THANKS FOR PUTTING UP WITH ALL THESE FORMS!! SEE YOU SOON**

Please mail or fax the Registration and Release Forms, along with the required fees to:  
WHITE SQUALL RR # 1, 53 Carling Bay Rd., Nobel, Ontario, P0G 1G0 Fax: 705-342-1975 Phone 705-342-5324