



Box 1110
La Ronge, SK S0J 1L0
Phone: 877 511 2726
Email: ric.crco@sasktel.net
Web Site: www.churchillrivercanoe.com

Registration Form

Please complete as soon as possible and forward with your deposit to Horizons Unlimited at the above address.

Trip/Clinic Name _____

Name of Applicant _____

Phone Numbers - Home _____ Work _____

Fax _____ E-mail _____

Address _____

City _____ Prov/State _____

Postal/Zip Code _____ Country _____

Please accept my 20% deposit:

Amount: _____ Cheque enclosed ___ Visa ___ Master Card ___ Money Order ___

Name on Card: _____

Account Number: _____ Expiry date: _____

I recognize that I will be required to sign a document outlining the terms and conditions of participation in this activity and that the document must be received in our office prior to the trip's departure. (See Agreement of Terms)

Signature

Date



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Health Form

Please complete as soon as possible and forward to Horizons Unlimited at the above address.

Trip/Clinic Name: _____

Name of Applicant: _____

Doctor's Name: _____ Phone #: _____

1. Please record your Health Care Number for our records:
Number: _____ State or Province: _____
2. Date of your last tetanus inoculation: _____ (must be current)
3. List any major illness that may affect your participation in this trip:

4. List any allergies or dietary restrictions: _____

5. Do you have any physical handicaps? Yes _____ No _____
If yes, please describe: _____
6. Evaluate your health (check one): Fair _____ Good _____ Excellent _____
7. Evaluate your physical condition:
Below Average _____ Average _____ Above Average _____

I agree that I have answered the above questions to the best of my ability and that I am fully responsible for my own well being and physical condition while taking part in the above named expedition/clinic.

Signature: _____ Date: _____



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Pre Trip Questionnaire

Please complete as soon as possible and forward to Horizons Unlimited at the above address at least 2 weeks prior to the start of the Expedition.

Trip Name _____

Name of Applicant _____

Occupation: _____

Travel Information

Where will you be meeting us: _____

How are you arriving: Driving: ___ Bus: ___ Scheduled flight: ___ Other: _____

If you are arriving by public transportation to La Ronge, would you like us to meet you there and transport you to Missinipe? _____ (\$120/group)

Date/Time of Arrival: _____

Date/Time of Departure: _____

Contact Information

If for some reason (e.g. weather) the completion of the trip is delayed, you may want us to contact a spouse, relative or friend to advise them of the delay. Delays are rare, but in this event whom would you like us to contact?

Contact Name: _____

Telephone (day): _____ (evening): _____

E-mail address: _____



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Food/Diet Information

Is there anything you cannot tolerate eating that may be on the menu? _____

Any food allergies? _____

Are you on any special diet? _____

Are you partial to ___ tea, ___ coffee, ___ hot chocolate or ___ juice crystals?

Equipment Information

Are you bringing any of the following: ___ paddle, ___ PFD or ___ tent?

Please check the items you need to rent:

___ sleeping bag (\$50/week) ___ thermorest (\$35/week)

Please forward this to Horizons at least 2 weeks before the start date of the trip. In this way we have the time to make any changes necessary to the menu.

We look forward to having you as a guest on our Expedition. We at Horizons Unlimited Wilderness Services will do everything we can to make your holiday with us an enjoyable one. We will see you soon.

Thank-you!



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Agreement of Terms

Because of the current insurance and legal atmosphere in Canada, it is necessary that each participant be familiar with and agree to the following document. If you have any questions concerning anything in this document, please contact us before signing. This form must be read, completed, signed, and submitted with your final payment. No one may participate in a Horizons Unlimited Wilderness Services Inc. trip or clinic without submitting this document.

Insurance coverage is the responsibility of each individual participant.

Please read carefully.

Please note that this document must be signed and received in our office before you depart with the group. **By signing this document you are giving up certain legal rights.**

To: Horizons Unlimited Wilderness Services Inc. (Horizons).
and to: Her Majesty the Queen in Right of Canada and the Province of Saskatchewan.

Definitions

Wilderness canoe trips and clinics include lake and river canoeing, hiking swimming, fishing, use of knives, saws, axes, nature observations, lifting, carrying canoe and trip equipment and other associated activities.

In consideration of Horizons accepting my application I agree to this Release of Claims and Waiver of Liability. I understand that wilderness canoe trips and clinics involve certain dangers, not all of which can be listed here. Among the most frequent are:

1. Inclement and unpredictable weather, which may cause injury due to extremes of heat and cold and which may prevent travel to, from or within an area;
2. Hazards related to canoe travel on lakes and rivers;
3. Submersion in cold water resulting from upset or falling out of a canoe;
4. Unfamiliar country, where the participant may become lost, get off route or be separated from the rest of the party;
5. Remoteness of location with poor communication and inability to get rescued or medical assistance quickly or easily;
6. Medical problems arising before, during or after the wilderness canoe trip or clinic;
7. Illness related to change of diet or water source;
8. Transport by public or private motor vehicle and aircraft;
9. Natural hazards, including slippery rocks, uneven terrain, and the presence of wild animals;
and



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10. Failure to follow directions from the guide, including those specifying:
- staying with the group at all times unless the guide is consulted and provides consent.
 - wearing an approved personal floatation device completely fastened at all times on and around the water.
 - safe use of tools and other wilderness canoe trip equipment.

I accept all of the risks including the possibility of death, personal injury, property damage and loss resulting from my involvement with the trip or clinic I am taking with Horizons.

I release Horizons, its officers, employees, guides, agents and representatives from any and all liability for any personal injury, death, property damage or loss I may suffer as a result of my participation in their trip or clinic, for any cause whatsoever (including negligence) on the part of Horizons, it's officers, employees, guides, agents or representatives.

I certify that I am physically capable and fit to participate in this activity and I have no medical conditions or needs other than those listed in the Registration Form provided to Horizons.

I confirm that I am eighteen years of age or older. (Younger participants must have a parent or guardian read and sign this document.)

I confirm that I have read over this document before signing, that I understand it, and that it will be binding not only on me, but also my heirs, my next of kin, my executors, administrators and assigns.

I agree that the laws of Saskatchewan govern this contract and that any legal concerns will be handled in the competent and fair courts of La Ronge, Saskatchewan, Canada.

I hereby agree to permit other members of the trip or clinic to take film and photographic records of my participation in this wilderness experience.

Signed this _____ day of _____, 20____

At the City/Town/Village of _____

In the Province/State of _____

Participant Signature _____

Print Name _____

Witness' Signature _____