



# ADVENTURE ASSOCIATES

PO BOX 16304 SEATTLE, WA 98116 206-932-8352  
www.Adventureassociates.net info@Adventureassociates.net

## ... TRIP APPLICATION ...

To reserve a place on any ADVENTURE ASSOCIATES tour / program, carefully read, complete and return this application form along with the required deposit as indicated on the trip itinerary. ADVENTURE ASSOCIATES trips are small group tours and registrations are processed on a first-come, first-served basis. Applications are not accepted without required deposit. FAX: 206-938-2654

**PLEASE PRINT ALL INFORMATION - THANK YOU.**

Trip Name \_\_\_\_\_ Trip Dates \_\_\_\_\_

Trip Fee \_\_\_\_\_ Deposit Amount Sent \_\_\_\_\_

Formal Passport Name \_\_\_\_\_ Age \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hm Phone (\_\_\_\_) \_\_\_\_\_ Wk Phone (\_\_\_\_) \_\_\_\_\_ E-mail Add: \_\_\_\_\_

Occupation \_\_\_\_\_ Birthdate \_\_\_\_\_

Birthplace \_\_\_\_\_ Citizenship \_\_\_\_\_ SS# \_\_\_\_\_

Passport # (International Trips) \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Date of Issue \_\_\_\_\_ Place of Issue \_\_\_\_\_

GENERAL HEALTH INFORMATION (specific information may be requested of you depending upon the nature of the trip): Kayak trips: Length of pant leg inseam \_\_\_\_\_ inches

State of Health \_\_\_ Good \_\_\_ Fair \_\_\_ Poor Weight \_\_\_\_\_ Height \_\_\_\_\_

Allergies, injuries, disabilities that might cause hardship through change in diet, strenuous travel, travel in remote areas, and climatic conditions: \_\_\_\_\_

Medications presently taken: \_\_\_\_\_

Reasons for medications: \_\_\_\_\_

Dietary Preferences: Vegetarian \_\_\_\_\_ No red meat \_\_\_\_\_ No dairy \_\_\_\_\_

Describe dietary needs: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Medical Plan \_\_\_\_\_

Medical Plan Number \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

How did you learn of Adventure Associates? \_\_\_\_\_

continued...

**PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

In consideration of the services of Adventure Associates, their agents, contractors, owners officers, volunteers, participants, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "AAW"), I hereby agree to release and discharge AAW, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that participation in outdoor activities, travel and sea kayaking entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** risks associated with mountain travel in remote areas and wilderness terrain or a marine environment including boat capsize and entrapment, tidal conditions, surf and currents, collision with objects or other watercraft; prolonged exposure to cold water, hypothermia, accidental drowning, illness in remote areas, exposure to sun, strong wind, cold, storms, large waves, eddies and whirlpools, and lightning; aggressive and/or poisonous marine life; wrist, arm, shoulder and/or back injuries; slips and falls while hiking; and rapidly changing adverse weather and water conditions; limited or unavailability of medical care; costs of emergency evacuation or unavailability of any rescue in remote areas; forces of nature including weather; risks associated with the physical activity I am participating in; and risks associated with travel by air, train or other conveyance.

Furthermore, AAW employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction. AAW cannot guarantee your safety.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in the activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily RELEASE, forever discharge, and agree to INDEMNIFY and HOLD HARMLESS AAW from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of AAW's equipment or facilities, **including any such Claims which allege negligent acts or omissions of AAW.**

4. Should AAW 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.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, and I am willing to assume -- and bear the costs of -- all risks that may be created, directly or indirectly, by my physical condition.

6. In the event that I file a lawsuit against AAW, I agree to do so solely in the state of Washington, and I further agree that the substantive law of Washington shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

**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 AAW 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.**

Signature of Participant: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

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

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by AAW to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless AAW from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_