

PART 2:

NAHANNI LITE NOTICE AND RELEASE FORM

You must sign and return this form with your registration documents to participate on a Nahanni Wilderness Adventures Ltd. trip.

Please note: You will be required to resign this document on location prior to departure of your trip.

PLEASE READ CAREFULLY.

BY SIGNING THIS AGREEMENT YOU GIVE UP ALL RIGHTS TO SUE!

1. WAIVER AND RELEASE:

In consideration of my being permitted to participate at my request in the operations offered or organized by NAHANNI WILDERNESS ADVENTURES LTD. ("NWA"), (the "Trip"), I, on behalf of myself, my heirs, executors, successors, administrators and assigns, hereby waive any and all claims I or such parties may have now or in the future and release from all liability and forever discharge NWA and its directors, officers, agents, servants, employees and representatives, including independent contractors and its or their successors, heirs and assigns (collectively, the "Releasees") of and from all actions, causes of action and claims of every nature or kind whatsoever, including but not limited to those associated with any damage, loss, DEATH, or injury to myself or my property (the "Lawsuit"), howsoever caused, arising out of, or in any way connected with, my or my minor child's participation in the Trip and notwithstanding that the same may have been contributed to or occasioned by the negligence of the Releasees or any of them.

Please initial _____

2. ASSUMPTION OF RISK:

I am aware of the dangers and risks inherent in the Trip and in travel in remote areas, including, but not restricted to: travel over bodies of water involving rapids, hypothermia, drowning, inclement weather, flash floods, forest fires, confrontation with wildlife including bears, slipping and falling, falling objects, travel in motor vehicles, motorized watercraft, helicopter and light fixed-wing aircraft, and/or suffering any type of accident or illness in remote areas without access to medical facilities. I freely and voluntarily acknowledge and assume all of these risks and any unforeseeable risks associated with the Trip and the possibility of personal injury, DEATH, property damage, or loss resulting therefrom and acknowledge that the Releasees do not assume any responsibility whatsoever for my safety during the Trip.

Please initial _____

3. INDEMNITY:

If for any reason a Lawsuit is started by myself, my family or my heirs against the Releasees, I agree to pay as liquidated damages for any suit all costs, including legal fees, costs on a solicitor and his own client basis incurred by the Releasees or its representative in defending such an action.

4. I agree to learn and abide by safety rules and procedures established by NWA and to make NWA aware at any point in which I question my knowledge of these procedures or my ability to participate in the Trip.

5. I confirm that I am physically able and fit to participate in the Trip and do not have any medical condition or needs that have not been listed on the medical form supplied by NWA. I consent to receive first aid rendered to me by NWA and agree to pay the costs of any rescue or medical attention rendered to me, my belongings or for my benefit.

6. I agree that I will not be under the influence of any alcohol or drugs which may impair my participation in the Trip.

7. I agree that NWA and other members of the Trip are permitted to take film and photographic records of my participation in the Trip and use same for personal or promotional use.

8. I agree that I am responsible for my own insurance coverage.

9. I agree that in response to unexpected changes in weather, water level, forest fires or any other conditions stipulated by authorities, the Operator may alter or change the itinerary of the Trip at any time and without penalty or refund liabilities.

10. I am not relying on any oral or written representations or statements made by the Operator other than what is set forth in this Agreement.

11. I agree that all Lawsuits concerning any part of this agreement will be held in Canmore, Alberta, Canada and that the laws of Canada will be the laws governing any said Lawsuits.

I confirm that I am 18 years of age or older and certify that I have read and understand and agree to be bound by the terms of this Agreement for myself, my minor children who are participating in the Trip, my heirs, successors, executors, administrators and assigns.

DATED at _____ this _____ day of _____, 201_____

DATE PARTICIPANT SIGNATURE WITNESS SIGNATURE (required)

PRINT PARTICIPANT NAME PRINT WITNESS NAME

DATE SIGNATURE OF PARENT OR GUARDIAN (if under 18 yrs) PRINT PARENT/GUARDIAN NAME

PART 3:

NAHANNI LITE MEDICAL FORM

This information is necessary to promote your safety and the safety of others on your trip.

Name: _____

Trip Code: _____

Name of Trip: _____

Trip Dates: _____

Sex: M _____ F _____

Date of Birth: _____

Please rate your health: Please Circle
Excellent Good Average Poor

Please rate your own physical fitness: Please circle.
Excellent Good Average Poor

Please list any physical limitations that may affect your participation on the trip.

Are you affected by any of the following? Circle if Yes.

Heart Condition Diabetes Asthma Hemophilic Back Problems Knee Problems

Others, please specify: _____

Do you smoke? _____ Do you wear glasses or contact lenses? _____ If yes, will you bring a second pair? _____

Are you allergic to any of the following? Circle if Yes

Penicillin Bee stings Plants Insects Any foods _____

Others, please specify: _____

If you indicated yes to any of the above, please indicate the severity of your reaction.

Do you have any special dietary requirements? (advance notice is required for menu modifications)

Are you receiving any medical treatment or taking any medication _____ Please bring duplicate prescriptions.

I have visited a physician within the last year for a physical examination. Circle one. yes no

Family Physician: _____ City: _____ Phone number: _____

Your Nahanni River trip takes you through a remote area of the Northwest Territories. While your guides are certified in basic wilderness first aid in case of a medical emergency, professional attention is not readily available. To the best of your knowledge, you agree that you are physically and mentally able to participate in the trip as described on our website. You must contact us with any changes in your medical information prior to departure.

I certify that the above information is complete and correct. Date: _____

Signature

Please print name

Signature of parent or guardian if under 18 yrs.

Please print name

PART 4:

NAHANNI LITE PERSONAL INFORMATION

Name: _____

Trip Code: _____

Name of Trip: _____

Trip Dates: _____

TRIP COSTS: THE FOLLOWING INFORMATION WILL DETERMINE YOUR TOTAL TRIP COSTS.

Payment Options: cheque or direct deposit.

Rentals:

____ Deluxe Sleeping Bag and cotton liner (Add \$75 CDN)

____ Therm-a-rest Pad (Add \$35 CDN)

____ Mountain Hardware tent (Add \$175 CDN)

____ 115 litre Sealine Dryback. (Add \$60 CDN)

____ BARE 2mm Shorty Sport wetsuits (Add \$75)

____ 60 litre Canoe Barrel with shoulder harness (Add \$45)

Accommodation:

____ Please arrange hotel accommodation for me. (Provide our office with details)

For Sale:

____ Please provide me with my take home Grey Owl Hammerhead Paddle (Add \$100 CDN)

TRAVEL INFORMATION:

Date/time of arrival in Fort Nelson, BC: _____ Date/time of departure from Fort Nelson, BC: _____

If you are driving when do you plan to leave home? _____ Name and location of hotel en route: _____

Is there a number you can be reached at en route? _____

EQUIPMENT:

Wetsuits: BARE 2mm Shorty Sport wetsuits. Please refer to their website for sizing information. www.baresports.com

Wet suit size: Please circle

Women's size: 6, 8, 10, 12, 14 Men's size: Small, Med, Med. Large, Large, X-large, XX-large

Height in Feet and Inches _____ Weight in Pounds: _____

DRINK PREFERENCES:

Hot Drinks: Please write in the numbers of cups you would consume.

Morning: Coffee____ Black tea ____ Herb tea____ Hot chocolate ____

Evening: Coffee__ Black tea__ Herb Tea ____ Hot chocolate

Special cold drinks – please check your preference Beer_____ Sodas_____

Does your trip overlap any special dates? Please Check. Birthday _____ Anniversary_____ Other _____