

Alberni Charters

Harbour Quay Marina

Port Alberni, BC

1-250-735-6503

Tour Date(s):

Tour Type:

MEDICAL INFORMATION

Please read each question, circle the appropriate response and provide details as required.			Guide Initials	
MEDICAL CONDITIONS:	Do you have existing medical conditions that may affect your ability to participate in physical activities?	Yes	No	
If YES , Please describe:				
PRESCRIPTION DRUGS:	Are you currently taking Prescription Medications?	Yes	No	
If YES , please list:				
ALLERGIES:	Do you have ANY allergies (e.g., food, medicine, insects, or other substances)?	Yes	No	
If YES , please list:				
Do You Carry an EpiPen? Y N				

WAIVER AND RELEASE OF LIABILITY

I, _____, acknowledge and agree that in consideration of being permitted to participate in the activities of Alberni Charters including, but not restricted to, fishing, crabbing, cooking, camping, campfires, hikes, bear or wildlife viewing, ocean boat tours, and small boat trips, and any other related activities attributable to outdoor adventures offered by Alberni Charters, including travel to and from any location at which such activities may occur; I

RELEASE Alberni Charters, its officers, directors, employees, contractors and agents from any liability, claims, demands, damages, actions or causes of actions arising out of or in consequence of all bodily injuries, death or property losses or other damages which I may suffer arising out of or connected in any way with my participation in outdoor activities set out above, even if those injuries or death or losses or damages may have been caused solely or partly by the negligence of Alberni Charters or any of its officers, employees, directors, contractors, or agents;

I ACKNOWLEDGE AND AGREE:

- (a) **That** outdoor activities can be dangerous, exposing participants to many risks and hazards, some of which are inherent in the nature of activities themselves, including wildlife encounters, drowning, marine accidents, natural or other disasters and others which may result from human error and negligence, and as a result of these risks, I recognize as a participant, I may suffer personal injury or death or property loss as a result, but freely and voluntarily assume all of these risks and hazards, and therefore my preparation for, or participation in these outdoor activities shall be entirely at my own risk;
- (b) **That** I understand that neither Alberni Charters nor its officers, directors, employees, contractors or agents assume any responsibility whatsoever for my safety during the course of my preparation for, or participation in the activities of Alberni Charters
- (c) **That** I clearly understand that Alberni Charters will not permit me to participate in any programs or activities unless I sign this Waiver and Release of Liability;
- That** I have read this Waiver and Release of Liability and fully understand it and am freely and voluntarily signing it;
- That**, I have been given the opportunity to review and seek independent legal advice prior to signing this Agreement and I waive the right to independent legal advice;
- That**, I understand that by signing this Agreement I will be forever prevented from suing or otherwise claiming against Alberni Charters, its officers, directors, employees, contractors or agents for any loss, bodily injury, death or property damage that I may sustain while preparing for and participating in any of the above mentioned outdoor activities or programs, whether or not such loss or injury is caused solely or partly by the negligence of Alberni Charters or any of its officers, directors, employees, contractors or agents;
- That**, this Waiver and Release of Liability is binding upon myself, my personal representatives, heirs and next of kin.

Signed _____ Name Printed _____
Participant

Participants **under 19 years** age must have parent/Guardian sign below

Signed _____ Youth's Name Printed _____
Youth's Guardian

DATED at _____, this _____ day of _____ 20_____.

Guide Initial
