

SELAH OUTDOOR EXPLORATIONS

3834 Brown Rd., West Kelowna, B.C. V4T 2J3 Phone: 250-768-4961 E-mail: selahoutdoors@outlook.com

REGISTRATION FORM

Name: _____ Age: _____

Address: _____ Email: _____

Home Phone: _____ Alternate Phone Number: _____

Medical Problems (i.e. allergies, immunizations, medications, significant illnesses, dietary restrictions or any limitations which would affect participation in activities):

_____ Care Card #: _____

Program Activities and Focus

The activities for this program are taken from the following list and may include those that have a checkmark beside them:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Canoeing | Cookouts | <input checked="" type="checkbox"/> Hiking |
| Building Survival Shelters | Campfires | Snowshoeing |
| Building Fires | <input checked="" type="checkbox"/> Bird Watching | Animal Tracking |
| Navigation | Outdoor Games | <input checked="" type="checkbox"/> Other: Helping to Unload and Load
Voyageur Canoes |
| <input checked="" type="checkbox"/> Swimming | | |

The focus of the above programs will be to introduce participants to environmentally friendly interests and activities that complement this region with its diverse natural wonders and outdoor recreational opportunities. Safety will be a major emphasis of all programs.

RELEASE

In consideration of acceptance of this application for my being able to take part in these programs, I hereby release, remise and forever discharge Selah Outdoor Explorations, their organizers, and their respective agents, officials, servants, and representatives from and against all claims, actions, costs, expenses and demands of whatever nature in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in any way connected with my taking part in any program or attendance at any location operated by Selah Outdoor Explorations. I further understand that this release is binding upon myself, my heirs, executors and assigns.

In the event that I am injured, ill or in need of medical attention and I am unable to be consulted, I authorize the staff of Selah Outdoor Explorations to seek medical attention on my behalf.

I authorize Selah Outdoor Explorations to use any photographs taken of me while participating in their programs for their brochures and promotional materials.

Because of the nature of the activities, alcohol and drugs are prohibited on all of Selah's programs. Selah's staff reserves the right to deny or limit access to these programs to anyone who is deemed unfit due to the use of alcohol or drugs.

I have read the above release and agree to abide by those conditions.

Participant's Name (Please Print): _____

Participant's Signature: _____ Date: _____