

# EXPERIENCE EARTH DAY TRIP / ALGONQUIN PARK REGISTRATION & WAIVER FORM

Fill out one form for each person and fax back to 416.205.9966 or mail back to address below.  
Please call the same number prior to faxing.

TOUR DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

**MAILING ADDRESS:**

Street \_\_\_\_\_

City \_\_\_\_\_

Province / State \_\_\_\_\_

Country / Code \_\_\_\_\_

**PHONE:**

Home (     ) \_\_\_\_\_

Work (     ) \_\_\_\_\_

Fax (     ) \_\_\_\_\_

E-mail \_\_\_\_\_

**MEDICAL INFORMATION:**

Please identify medical or health conditions (e.g. injuries, allergies)

\_\_\_\_\_

**FOOD/DIET: Please note there is no accommodation for allergies.**

**PAYMENT:** Consult the *website* for **Our Policy On Cancellations.**

Full Payment     Second person     Senior     Student

Amount \_\_\_\_\_

Add GST \_\_\_\_\_

**TOTAL** \_\_\_\_\_

PayPal

Cheque

CREDIT CARD  Type: \_\_\_\_\_

Expiry: M \_\_\_\_\_ Y \_\_\_\_\_ Card No. \_\_\_\_\_

Signature \_\_\_\_\_

(I authorize above payment to be charged to my credit card )

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Relationship: \_\_\_\_\_

## RELEASE OF LIABILITY AND ASSUMPTION OF RISKS WAIVER FORM

Due to the outdoor/wilderness setting, and the nature of participation in an experiential program, certain risks are beyond human control and some are inherent in the activities.

It is understood that you the participant on this trip with *Experience Earth* will be participating at your own risk.

I \_\_\_\_\_ (the participant) hereby agree to be responsible for my own health and welfare, and accept any and all risks of delay, unanticipated events, natural disasters, forces of nature, illness, difficult evacuation, human error, emotional trauma, and accidents involving injury, including death. I further agree to release and discharge *Experience Earth* and its owners, agents, and employees from and against any and all liability arising from my participation in this trip.

I understand that *Experience Earth* reserves the right to photograph or film all trips, and agree that it may use any such records for promotional or commercial purposes.

In acknowledging, accepting and assuming the risks and conditions outlined above, I acknowledge that I am of sufficient age and intelligence to sign this contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian  
(if participant is under the age of 18): \_\_\_\_\_

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

Tel: \_\_\_\_\_

Email: \_\_\_\_\_



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