

# Kynoch West Coast Adventures

1896 Mackenzie Hwy.  
Box 55, Hagensborg BC, V0T 1H0  
(250) 398-0390

Tour Date(s):	
Time:	Tour Type:



## MEDICAL INFORMATION

Please read each question, circle the appropriate response and provide details as required.			Guide Initials	
<b>MEDICAL CONDITIONS:</b>	Do you have existing medical conditions that may affect your ability to participate in wilderness adventure activities?	Yes	No	
If <b>YES</b> , Please describe:				
<b>PRESCRIPTION DRUGS:</b>	Are you currently on Prescription Medications	Yes	No	
If <b>YES</b> , please list:				
<b>ALLERGIES:</b>	Do you have <b>ANY</b> allergies (e.g., food, medicine, insects, or other substances)?	Yes	No	
If <b>YES</b> , 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 Kynoch West Coast Adventures including, but not restricted to, training courses, trips, hikes, bear or wildlife viewing, ocean boat tours, bicycle tours, river rafting and boat drifts, and any other related activities attributable to outdoor adventures offered by Kynoch West Coast Adventures, including travel to and from any location at which such activities may occur; **I RELEASE** Kynoch West Coast Adventures, 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 Kynoch West Coast Adventures or any of its officers, employees, directors, contractors, or agents; **I, ACKNOWLEDGE AND AGREE:**

- (a) **That**, the outdoor activities are dangerous, exposing its 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 serious personal injury or death or property loss as a result, but I nevertheless freely and voluntarily assume all of these risks and hazards, and accordingly my preparation for, or participation in these outdoor activities shall be entirely at my own risk;

(b) **That**, I understand that neither Kynoch West Coast Adventures 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 Kynoch West Coast Adventures.;

(c) **That**, I clearly understand that Kynoch West Coast Adventures will not permit me to participate in any programmes or activities unless I sign this Waiver and Release of Liability;
- That**, I have carefully read this Waiver and Release of Liability and I fully understand the same 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 Kynoch West Coast Adventures, 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 programmes, whether or not such loss or injury is caused solely or partly by the negligence of Kynoch West Coast Adventures 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 1

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

Signed \_\_\_\_\_ Youth's Name Printed \_\_\_\_\_

### Youth's Guardian

DATED at Kynoch Adventures Office, Bella Coola, British Columbia, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Guide Initial
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