



Personal and Medical information

Program Name

Program Date

The purpose of this form is to properly prepare our Guide/instructors (who are trained in first aid) to react appropriately in the case of an emergency. The information is confidential and is not intended to deny you access to the program.

Name _____

Birthdate _____

Address _____

Age _____

Tel _____

EMERGENCY CONTACT PERSON

Name _____ **Relation** _____ **Tel** _____

MEDICAL HISTORY

Statement of Physical Condition _____

Are you on prescription or non-prescription medications? Yes No

If "YES" please give details _____

Have you had medical treatment, or been in hospital in the last 12 months? Yes No

If "YES" please give details _____

Do you have any known allergies? Please list: _____

History of joint injury: (Please describe below and specify which joints i.e. tendonitis, bursitis, sprain, dislocation)

Chronic disability or illness: (Please list as appropriate i.e. high blood pressure, heart condition, epilepsy, diabetes, susceptibility to colds, headaches, nosebleeds, fainting, asthma, hayfever, emphysema, or others)

Eyesight: (Excellent, Fair, Poor, Glasses) _____

Do you have any limitations or anything else that you think your Guide/Instructor should be made aware of?

The information I have provided on this form is complete and accurate. If any of the above information changes prior to, or during the course or trip, I will inform the instructor/guide(s) so that the changes can be recorded.

Signature of Participant _____ Date _____

Signature of Parent/Guardian if participant under 19 _____

PLEASE READ CAREFULLY

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

**I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE OR TO CLAIM COMPENSATION FOLLOWING AN ACCIDENT**

Participant initials

RELEASE OF LIABILITY

In consideration of my being permitted to participate in the course, guided trip, program or activity, referred to as the "**Activity**",

(Enter name of Activity, course or program)

offered or organized by Canada West Mountain School Inc., I hereby for myself, my heirs, executors, administrators and assigns, release and forever discharge Canada West Mountain School Inc., carrying on business as Canada West Mountain School, Wilderness Medical Consultants or Whistler Ski Guides, its directors, officers, employees, guides, instructors, leaders, contractors, volunteers and managers, (all of which are referred to as the "**Releasees**") from and against all claims, actions, costs, expenses and demands by reason of any damage, loss, death or injury to my person or property, howsoever caused, arising out of or in connection with my participation in the Activity, notwithstanding that the same may have been contributed to or occasioned by the negligence of the **Releasees**.

INDEMNITY AGREEMENT

I agree to hold harmless and indemnify the **Releasees** from and against all claims, actions, costs, expenses and demands in respect of any death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with the Activity notwithstanding that the same may have been contributed to or occasioned by the negligence of the **Releasees**.

ASSUMPTION OF RISKS - WILDERNESS AND MOUNTAIN TRAVEL

I acknowledge and accept that the Activity has inherent risks, hazards and dangers (all of which may cause injury, death, discomfort, or damage to my person or property) including, but not limited to, the following:

- Snow avalanches that may be caused naturally, by the Participant or by other people, and may occur without warning;
- Injuries as a result of skiing, hiking, climbing, rappelling, scrambling or while engaged in any aspect of the Activity;
- Dangerous or difficult terrain, including challenging snow conditions, rough ground, river crossings and off-trail travel;
- Unmarked hazards such as rocks, stumps, logs, crevasses, and other physical hazards found in a wilderness environment;
- Sudden changes in, and extremes of, weather conditions that can affect the safety of participants on the Activity;
- Equipment failure, including improper use of equipment and equipment malfunction;
- Being struck by falling rocks, ice and other objects, either naturally caused or caused by other people;
- Falling on steep or difficult terrain, including falling while skiing, climbing, hiking or scrambling on rock, snow, ice and ground;
- Becoming lost in remote or inaccessible areas which may lead to delayed return or increased risk of injury;
- Accidents involving ski lifts, snowmobiles, helicopters, airplanes and other vehicles encountered during the Activity;
- Unpredictable animals including bears, rodents and other animals that may cause injury, death or damage to property;
- All other risks, hazards and dangers associated with the Activity and generally with travel in non-urban, mountainous terrain

I UNDERSTAND THAT OTHER ACTIONS AND CONDITIONS CAN CAUSE OR CONTRIBUTE TO THE INHERENT RISKS, HAZARDS AND DANGERS OF THE ACTIVITY, including, but not limited to, the following:

- Failure to follow the directions and instructions of the Guides, instructors or leaders;
- Inappropriate or inadequate equipment or clothing;
- Poor or inadequate physical fitness or health;
- Failure to exercise good judgment or pay due care and attention.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS associated with this this Activity and I accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting therefrom.

I FURTHER AGREE to bear all costs of rescue and medical treatment rendered to me, or for my benefit, arising from the Activity.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS RELEASE AND ACCEPT ITS TERMS. In entering into this Release Agreement I am not relying on any oral or written representations or statements made by the **Releasees** with respect to the safety of the Activities, other than what is set forth in this Agreement.

Name of Participant (please print)

Signature of Participant

Date

Name of Witness (please print)

Signature of Witness

Name of Parent/Guardian (please print)

Signature of Parent/Guardian if Participant under age 19