



KEEPERS OF THE WILD

(PARTICIPANT REGISTRATION FORM)

Welcome to "Keepers of the Wild"... **Please fill out this registration form for the event you are signing up for and be sure to sign / submit it with your other mandatory documents prior to the event being hosted.**

- Release of Liability Waiver, and Assumption of Risk Agreement (for all activities)
- Safety Policies & Risk Management Agreement (for certain activities as required)

You must read and understand the documents and their legal implications prior to signing them as you will be waiving certain legal rights to claim compensation of any kind, waiving the right to sue should you be injured, killed, suffer loss and / or damages of any kind during your activities with us. (there will be NO legal recourse to pursue our company or affiliates contained in the documents once these documents are signed and submitted). **You are assuming the risks that come with participating in wilderness adventures and other named activities that we offer.** We are available to answer any questions or concerns you may have prior to you signing up. We also recommend that you check with a qualified physician if you have any medical concerns regarding your physical and / or mental ability to perform the activities you are signing up for. Unfortunately you cannot sign up for activities that you cannot perform. All the above mentioned checks and balances are in place to protect our Company and said affiliates from any liability claims. It is mandatory for us to insure participants understand the potential risks involved in order for the Company to manage it's risks and liabilities.

PARTICIPANT'S NAME: _____
PARTICIPANT'S SIGNATURE: _____ Date: _____
HOME / CELL #: _____

PHOTO I.D. (PRESENTED) _____

STAFF WITNESS/ SIGNATURE: _____
Date: _____

CONFIRM YOU ARE OVER 18 YEARS OF AGE : (circle option) YES / NO
(Must be 18+ years of age to participate in adult events and courses)

EVENT being registered for : _____ Date: _____

NAME of PARTICIPANT: _____ Age: ____ Sex: M / F

ADDRESS: _____

TOWN or CITY: _____

COUNTRY: _____

EMAIL ADDRESS: _____

1. MANDATORY MEDICAL INFORMATION: You must disclose to us any medical conditions that we need to know about to participate in the event or activities. (this includes allergies and or medications taken) Do you have any medical conditions, allergies or medications to declare? (please circle) YES / NO

IF YES, please fill out the details. **This information is kept secure / confidential** and is only intended for the participant's best interest. This is to insure our staff is ready to deal with any emergencies or situations that could arise from these types of things. This information would also be valuable to first responders and medical professionals should something occur.

2. Are you physically fit to safely perform the activities? (circle option) YES or NO

How did you hear about "Keepers of the Wild" ?

EMERGENCY CONTACT INFORMATION:

(In the event of injury / emergencies / concerning situations or death, who should we contact?)

Name: _____

Phone #: (home / cell) _____

Email: _____

Relationship to you : _____

PARTICIPANT'S SIGNATURE: _____

STAFF WITNESS/ SIGNATURE: _____