

# Terra Centric

coastal adventures ltd.

PO Box 146, Lund, BC, V0N 2G0  
604.483.7900

## MULTI DAY PROGRAM LIABILITY RELEASE

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

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

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

How did you hear about this tour? \_\_\_\_\_

Would you like to receive information from us?    YES    By Mail    By Email

NO

EMERGENCY CONTACT PERSON : \_\_\_\_\_

PHONE: \_\_\_\_\_

### **RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

**Please note that by signing this agreement, you give up the right of sure for any injury or damages, howsoever caused.**

**TO:** Terracentric Coastal Adventures LTD. And its directors, officers, employees, representatives and agents (collectively called “the Agents”).

I, \_\_\_\_\_ hereby sign this agreement on behalf of myself, my personal representatives, heirs and assigns.

1. I agree as a precondition to my participation in all events organized by “the Company” and/or “the Agents” including, but not limited to: kayaking, hiking, canoeing, swimming, boating (sailing or cruising), snowshoeing, Ropes Course, group games and challenges (collectively referred to as “the Activities”) and in further consideration of the “the company” allowing me to do so, that I will be strictly bound by the terms of this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement (“the Agreement”).
2. I acknowledge that “the Activities” involve inherent risks and dangers that may cause serious injury and possible death to participants.
3. I fully understand the risks and dangers associated with my participation in “the Activities: and accept same entirely at my own risk.
4. I hereby waive any and all claims which I may have against “the Company” and “the Agents” and

other loss sustained by me as a result of my participation in "the Activities", due to any cause whatsoever; including negligence, breach of contract, or breach of any statutory or other duty of care by "the Company" and/or "the Agents".

5. I appreciate that "the Agreement" limits the liability of "the Agents" to the same extent as it limits the liability of "the Company", even though "the Agents" are not formal parties to "the Agreement".

I AM 16 YEARS OF AGE OR OLDER, AND I HAVE READ AND UNDERSTAND "THE AGREEMENT". I UNDERSTAND THAT THIS DOCUMENT CONTAINS A PROMISE NOT TO SUE "THE COMPANY" AND/OR "THE AGENTS" AND THAT IS CONSTITUTES A RELEASE OF LIABILITY AND AN INDEMNITY FOR ALL CLAIMS. IF I AM THE PARENT AND/OR GUARDIAN OF THE PARTICIPANT I HAVE READ AND UNDERSTAND AND EXECUTE "THE AGREEMENT" ON BEHALF OF CHILD/WARD.

**Parental Release and Permission**

(Parents/Guardians please initial each statement)

**Photo Release:**

I give my permission for Terracentric Coastal Adventures LTD. or those who have the written consent of the T.C.A. Ltd. to use photos or videos of my child for purposes of promoting future programs, reporting to funders, etc. I expressly release Terracentric Coastal Adventures LTD. program staff from any and all claims which I have or may have for invasion of privacy, defamation, or any other cause of action arising from the use of these photographs and video. \_\_\_\_\_

**Medical Treatment:**

I hereby give permission that my child may be given emergency treatment by a qualified staff member. I also give permission for my child to be transported by ambulance or aid car to an emergency centre for treatment. In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary to safeguard my child's health. I am aware that I will be responsible for all costs of medical attention rendered to my child.

\_\_\_\_\_

**I have read, initialed and understood the above and have completed it to the best of my ability and do sign this agreement of my own free will.**

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT OR  
PARENT/ GUARDIAN (IF PARTICIPANT IS  
UNDER 16 YEARS)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME OF CHILD/WARD (IF  
PARTICIPANT IS UNDER 16 YEARS)



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info@terra-centricadventures.com

### MEDICAL FORM

***The information that you provide on this form will be kept confidential. It is vital in that it will enable guides and instructors to reduce the risk of injury or illness complications, as well as aiding in the preparation of contingency plans in the event that an emergency does occur. Withholding information may compromise the care provided and may contribute to injury or illness complications. It will not be used to deny access to the program.***

#### **Personal Information**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov./State \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Birth date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Care Card # or Medical Insurance Plan and ID# \_\_\_\_\_

*\*Please ensure that it covers medical services in British Columbia.*

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

#### **Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov./State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

#### **Health Information**

General Health Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

Do you engage in regular physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how often and what kind of activity? \_\_\_\_\_

\_\_\_\_\_

Smoker? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many per day? \_\_\_\_\_

*\*Nicotine impairs cardiovascular performance & compromises your ability to stay warm in a cold environment. Your comfort on the trip will benefit from reducing smoking prior to the trip.*

How much coffee do you drink daily? \_\_\_\_\_

*\*Sudden reduction can produce serious discomfort; gradually reducing consumption to only morning & evening drinks prior to the trip will prevent withdrawal discomforts while on the trip.*

Swimming ability Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

Physical limitations \_\_\_\_\_

Psychological limitations (fear of water, heights, etc.) \_\_\_\_\_

\_\_\_\_\_

Eyesight \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_

*\*If you depend on corrective lenses for adequate vision, please bring a spare set in case of loss or damage; eye irritation may prevent use of contacts: spare glasses are recommended with strap.*

Dietary restrictions \_\_\_\_\_

*\*Very important in many climates*

Are you pregnant? No \_\_\_ Yes \_\_\_; If yes, what is your due date? \_\_\_\_\_

Allergies \_\_\_\_\_

Describe reaction \_\_\_\_\_

Medications, prescription & non-prescription \_\_\_\_\_

*\*Check expiry date & bring a spare supply for the guide.*

Medical conditions or illnesses (ie high blood pressure, heart condition, seizures, HIV+, diabetes, hypoglycemia, emphysema, asthma, hay fever, raynauds, migraine, etc.) \_\_\_\_\_

Susceptibility to headaches, seasickness, nosebleeds, fainting, colds, sinus problems, etc.  
No \_\_\_ Yes \_\_\_; please describe: \_\_\_\_\_

Have you been under a doctor's care in the last 12 months? No \_\_\_ Yes \_\_\_;  
please describe \_\_\_\_\_

Digestive problems; do you use antacids, laxatives, etc. on a regular basis? No \_\_\_ Yes \_\_\_;  
please describe: \_\_\_\_\_

Back problems? No \_\_\_ Yes \_\_\_; describe \_\_\_\_\_

History of joint injuries (sprains, dislocations, tendonitis, bursitis, etc.)? \_\_\_\_\_

Do you use anti-inflammatory drugs to control joint inflammation? No \_\_\_ Yes \_\_\_; type \_\_\_\_\_

Previous history of cold injury (frostbite, trench foot, etc.) or heat disorders (hyperthermia, heat/sun stroke)? \_\_\_\_\_

Sunburn susceptibility? Low \_\_\_ Medium \_\_\_ High \_\_\_

Infection susceptibility (ie wound, urinary tract, ear, sinus, chest, etc.) Low \_\_\_ Medium \_\_\_ High \_\_\_

Use of antibiotics to control any of the above infections? No \_\_\_ Yes \_\_\_; type \_\_\_\_\_

Date of last tetanus inoculation or booster \_\_\_\_\_

*\*Current (within 10 years) tetanus shot is required for any trip that is 3 days or longer.*

**Declaration**

"I hereby declare that I have honestly disclosed all of the information requested in the above questions, and I understand that withholding information may contribute to injury or illness complications, and possibly compromise the care provided in the event of an emergency.

If any of the above information changes prior to or during the trip, I will immediately notify the leader or instructor."

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

***If the participant is under 19 years of age, a parent or guardian must sign:***

\_\_\_\_\_  
**Print name of Parent or Guardian**

\_\_\_\_\_  
**Signature of Parent or Guardian**



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## **Suggested Equipment For Multi Day Sea Kayak Trips**

### **Accessible Personal Gear**

- Glasses/Contact Lenses AND SPARE PAIR!
- Sunglasses with floatation strap
- Brimmed hat
- Sunscreen
- Lip balm
- Bandana/towel
- Water bottle/hydration system
- Energy bars
- Lighter

### **Camping Equipment**

- Flashlight or Headlamp
- Sleeping bag
- Sleeping pad
- Tent (optional)

### **Toiletries and Personal**

- Toilet paper (share)
- Toothbrush/paste
- Earplugs
- Personal toiletries
- Feminine hygiene products
- Personal medications AND SPARE IF SERIOUS CONDITION PRESENT

### **Clothing – Outerwear**

- Rain jacket
- Rain pants
- Hat with brim
- Wool hat
- Gloves
- Fleece tops/bottom
- Quick dry nylon pants
- Paddling/water shoes/sandals(sacrificial sneakers!)
- Swimsuit
- Cotton wear permitted in evening after paddling is done

### **Clothing –Innerwear**

- Underwear
- Socks ((2 pairs wool)
- Synthetic long underwear tops and bottoms
- Light wool or thermal upper layers
- Lightweight UV-protective long- and short-sleeve shirts

### **Pastimes**

- Fishing gear
- Fishing license
- Snorkel gear
- Journal, pens, pencils
- Book
- Camera
- Film
- Batteries
- Playing cards

*Discover your place in the picture!*

## Reference Material for Coastal Kayakers

### BOOKS

**“Sea Kayaking: A Manual for Long-Distance Touring”**, John Dowd ©1997 (updated version)

-equipment, technique, seamanship & rescues, navigation, weather, reading the sea, hazards, emergency procedures, camping, first aid, survival situations, planning an expedition, tours rentals & instruction, kayaking for people with disabilities

**“Fundamentals of Kayak Navigation”**, David Burch ©1999 (updated version)

-the role of navigation, chart reading, other navigational aids, compass use, dead reckoning, piloting, electronic navigation, tides and currents, crossing currents, navigation planning

**“Northwest Marine Weather”**, Jeff Renner (The Mountaineers) ©1993

-climate and weather information for the Pacific Northwest, including Puget Sound, San Juan and Gulf Islands, and Straits of Juan de Fuca, Georgia, Johnstone and Queen Charlotte

**“The Oceans”**, Ellen J. Prager ©2000

-a study of oceanography, including information on waves, tides and current, oceans and climate with relevancy to kayakers wanting to understand the “big picture” of how oceans operate.

**“Sea Kayaker Magazine: Handbook of Safety and Rescue”**, Doug Alderson, Michael Parry, ©2003

-Comprehensive instructional book detailing all aspects of Sea Kayaking from Judgment and Safety to techniques and Rescues.

### Magazines:

**“Sea Kayaker”** – A Seattle-based magazine with useful articles on technique, equipment, safe travel techniques and environmental awareness for kayakers

**“Wavelength”** – Published several times per year, contains useful articles on technique, equipment, safe travel techniques and environmental awareness for kayakers

**“Kanawa”** - Published by Paddle Canada, contains a variety of topical interest items related to Paddle Sports.