

# Personal Safety Information

(One form per participant. Please feel free to make additional copies as needed)

Name: \_\_\_\_\_ Male  Female   
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Emergency Information

Emergency Contact: \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Medic Alert NO  Yes

Are there any medical or learning conditions that we should be aware of? \_\_\_\_\_

Allergies to food, drugs or insects? NO  Yes  details \_\_\_\_\_

Are you prone to motion sickness? NO  Yes  details \_\_\_\_\_

Are you on any medication? NO  Yes  details \_\_\_\_\_

Swimming Ability: Strong  Average  Weak  Non Swimmer

Do you have any first aid, swimming or other certifications that may assist us? Details \_\_\_\_\_

## Waiver

I, \_\_\_\_\_ (print full name) recognize and understand that sailing/boating is a sport and involves some risk and danger and that I assume all risk of injury, loss or damage to my person or property while upon the property or vessels owned, leased or under the care and control of Adventure Sailing Plus Ltd., its servants, instructors, marinas or agents. Furthermore neither I nor any person under my authority/supervision shall have any right or claim against Adventure Sailing Plus Ltd., its servants, instructors, marinas or agents. I understand that photographs or videos taken of participants may be used for promotional purposes and I hereby consent to such use by Adventure Sailing Plus Ltd. I have read the terms and conditions of charter as posted on the web site.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Witness: \_\_\_\_\_ Dated: \_\_\_\_\_

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