

**Registering:**

To register on one of our scheduled trips or to make arrangements for a group trip of your own, call our office at (204) 452-7049, or fill in the following form and send it to us. We are happy to accept cheques and money orders, as well as direct deposits. A deposit of 25% of the trip cost will ensure you a spot on your chosen trip. Once we receive your application form we will contact you confirming your registration and send you detailed information about your canoeing adventure.

<b>Registration Form</b>			
Name			
Address			
City	Prov/State		Postal/Zip code
Country		Email Address	
Fax/Email:		Home phone	
Requested trip			
Start date of trip			
Canoeing experience	Beginner	Intermediate	Advanced
Swimming ability			
Occupation			
Date of birth	Male	Female	
Special needs, dietary requirements, allergies, health conditions etc.			
Personal Equipment: Are you providing your own tent, canoe, paddle or helmet?			
<b>Emergency Contact</b>			
Name			
Relationship			
Address			
Home telephone		Work telephone	

Enclosed is \$ \_\_\_\_\_, including a 25% deposit. Balance is due 30 days prior to your trip. Cheques should be made payable to Wilderness Spirit and mailed to 696 McMillan Ave. Winnipeg, Manitoba, Canada, R3M 0V1.

**Notice and Release**

In making this application I affirm that I am in good health, capable of performing the exercise required to participate, and that I accept as personal risk the hazards of such participation. I have read the details provided and understand the commitment. In consideration of Wilderness Spirit accepting my application, I hereby release and forever discharge Wilderness Spirit, their officers, directors, servants and agents or their heirs, successors and assigns of and from all actions, causes of action and claims of every nature, howsoever caused, arising out of or in any way connected with my participation in the Wilderness Spirit trip, not withstanding that the same may have been contributed to or occasioned by the negligence of the releasees or any of them. It is the participants responsibility to ensure that he/she has adequate medical coverage and/or disability insurance. I am 18 years or older, or will be accompanied by an adult. I have read the above Notice and Release and Payment Conditions and agree to be bound by them.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_