



Participant Information

Please return this completed form with a copy of your passport by mail, email or fax as soon as possible (at least 60 days before trip).

Adventure: _____ Location _____ Dates _____

About You

MR. MS. MRS. DR. CHILD _____

FIRST NAME (as on passport) MIDDLE NAME/S (as on passport) LAST NAME (as on passport)

MAILING ADDRESS CITY STATE COUNTRY

EMAIL (that you check frequently) DAY PHONE EVENING PHONE

PASSPORT NUMBER EXPIRATION DATE COUNTRY OF ISSUE

BIRTH DATE (MONTH/DAY/YEAR) CITIZENSHIP NAME YOU PREFER TO BE CALLED

PLEASE ATTACH A LEGIBLE COPY OF YOUR PASSPORT AND INCLUDE IT WITH YOUR FORMS.

PLEASE CHECK THE EXPIRATION DATE ON YOUR PASSPORT. IF YOU ARE RENEWING IT AND WILL SEND IT TO US ONCE IT IS RETURNED TO YOU PLEASE CHECK HERE _____

Travel Insurance (MANDATORY)

TRAVEL INSURANCE COMPANY POLICY NUMBER EVACUATION PHONE NUMBER (no 1-800 numbers!)

Emergency Contact Information

(This cannot be
someone on the trip)

HUSBAND WIFE PARTNER FAMILY FRIEND _____

FIRST NAME LAST NAME

CITY STATE/PROVINCE COUNTRY

HOME TELEPHONE OFFICE TELEPHONE (include extension) FAX NUMBER

CELL PHONE EMAIL ADDRESS

General Information

Dietary restrictions or requirements? _____



Arrival & Departure Form

Please return this completed form by mail, email or fax as soon as possible, at least two (2) months prior to departure. You may send in a copy of your itinerary in lieu of or in addition to this form.

Adventure: _____ Location _____ Dates _____

Passenger's Name(s)

FIRST NAME

LAST NAME

FIRST NAME

LAST NAME

FIRST NAME

LAST NAME

FIRST NAME

LAST NAME

Arrival Information

DEPARTURE DATE FROM YOUR HOME

ARRIVAL DATE

ARRIVAL TIME

ARRIVING FROM

ARRIVAL CITY / AIRPORT

AIRLINE

FLIGHT NUMBER

CONFIRMATION CODE

HOTEL (IF YOU WANT US TO BOOK EXTRA NIGHTS PLEASE COMPLETE THE NEXT PAGE)

COMMENTS

Departure Information

DEPARTURE DATE

DEPARTURE TIME

DEPARTING FROM

AIRLINE

FLIGHT NUMBER

CONFIRMATION CODE

HOTEL THE NIGHT PRIOR (IF YOU WANT US TO BOOK EXTRA NIGHTS PLEASE COMPLETE THE NEXT PAGE!)

COMMENTS



Hotel Rooming Arrangements

Please return this completed form by mail, email or fax as early as possible. We cannot guarantee availability. We typically only provide reservations at the facilities used during the trip. You may find better rates on the internet or through other offers - we do not guarantee best pricing available. We offer this as a courtesy; we are happy to refer you to our travel agent for specialized lodging services if these are desired.

Adventure: _____ Location _____ Dates _____

Independent Travelers

We offer independent travelers the option of sharing a room with another solo traveler (of the same gender) who they may not know. There is a single supplement fee (price varies per trip) that is required if you choose to room on your own at hotels. For kayaking trips, rooms will always be shared on the boats due to limited space.

Rooming Arrangements

The hotels we work with offer the following arrangements during our trips: Single (one person, one bed) / Double (two people, one bed - Queen Size) / Twin (two people, two beds). Triple arrangements are available for couples with younger children. List the names of people who will room together and check their preferred rooming arrangements.

NAME NAME
SINGLE _____ TWIN _____ DOUBLE _____ TRIPLE _____

NAME NAME
SINGLE _____ TWIN _____ DOUBLE _____ TRIPLE _____

Additional night PRIOR to the Explorers' Corner Adventure

NUMBER OF ADDITIONAL NIGHTS / DATES
SINGLE _____ TWIN _____ DOUBLE _____ TRIPLE _____

Additional night AFTER the Explorers' Corner Adventure

NUMBER OF ADDITIONAL NIGHTS / DATES
SINGLE _____ TWIN _____ DOUBLE _____ TRIPLE _____

SPECIAL INSTRUCTIONS

Please return this form with a copy of your itinerary or your Arrival & Departure Form.



Agreement & Release From Liability

Please return this completed form by mail, email or fax at least two (2) months prior to departure.
Please read and understand this information. You cannot participate in the trip if you fail to return this form.

Adventure: _____ Dates: _____

Voluntary Participation

I acknowledge that I have voluntarily applied to participate on the trip designated on this application, and that I have read the description of the trip as it appears in the itinerary form, the Explorers' Corners' web sites and other written material relating to this trip, together with all information contained in this application. I am voluntarily participating in this trip with knowledge of the hazards involved.

Assumption of Risk

I am aware that adventure travel, and in particular kayaking, such that I am undertaking involves hazardous activities in remote areas of the world with a risk of illness, injury or death which may be caused by forces of nature, the negligence of Explorers' Corner, its affiliated organizations and their employees, or other agencies known or unknown. I am also aware that medical services and facilities may not be readily available or accessible during some or all of the time during which I am participating on the trip. In order to partake of the enjoyment and excitement of this adventure travel and sea-kayaking trip I am willing to accept the risks and uncertainty involved as being an integral part of my adventure. I hereby accept and assume full responsibility for any and all risks of illness, injury, death due to the negligence (but not the reckless, willful, or fraudulent conduct) of Explorers' Corner, its partners, employees, officers, members, directors, agents, contractors or affiliated organizations or any of their employees or leaders.

Release of Covenant Not to Sue

As consideration for being permitted by Explorers' Corner to participate in its adventure travel activities (incl. sea kayaking) and use its facilities and equipment, I hereby agree that neither I, nor any of my heirs, personal or legal representatives, or family members will bring suit or make claim for illness, injury or death resulting from the negligence (but not the reckless, willful, or fraudulent conduct) of Explorers' Corner, any of its partners, officers, directors, agents, contractors and all of its affiliated organizations from and against any and all liability arising out of, or in any way connected with, my participation in the trip, including any liability for negligence (but not reckless, willful, or fraudulent conduct).

Arbitration

Any controversy or claim arising out of or relating to this Agreement or the performance thereunder, including without limitation any claim related to illness, injury or death, shall be settled by binding arbitration in Alameda, California, in accordance with the rules of the American Arbitration Association then existing.

Knowing and Voluntary Execution

I have carefully read this agreement and the booking information attached to this document, and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Explorers' Corner and/or its affiliated organizations and sign it of my free will.

Acceptance of Terms and Conditions

SIGNATURE

DATE

PRINTED NAME (please print legibly!)

For a Minor

I, as a parent or a Guardian or the below named minor, hereby give my permission for my child or ward to participate in the trip and further agree, individually and on behalf of my child or ward, to the terms as stated in this document.

NAME OF MINOR (please print legibly!)

SIGNATURE OF PARENT OR GUARDIAN

DATE



Confidential Medical History & Conditions Form

Please return this completed form by mail, email or fax at least one (1) month prior to departure.

Our insurance requires that Explorers' Corner has a completed form for each and every trip participant on file. Most medical problems do not preclude participation in our trips. However, environmental factors and remote destinations with limited or no medical facilities or means of rapid evacuation may create risks that are beyond your expectations. Most trips do not have designated trip doctors. Accurate disclosure of your medical history will allow us to advise you of necessary preparations or alternatives and will allow us to be knowledgeable in the event of a problem. Please return the completed Medical History and Conditions Form promptly! Note that minors must have a parent or legal guardian's signature. **If you are age 70 or older**, our insurance requires that this form is also signed by your physician. Of course, all information will be kept confidential.

General Information

NAME _____
AGE _____ WEIGHT _____ GENDER _____

About Your Doctor(s)

PRIMARY PHYSICIAN _____ PHONE NUMBER _____
CITY _____ STATE/PROVINCE _____
Type of doctor: General Internist/Family Doctor
 Other : _____

If appropriate, please provide contact information for other physicians that are providing ongoing care.

PHYSICIAN NAME _____ PHONE NUMBER _____
CITY _____ STATE/PROVINCE _____
Type of doctor: _____
PHYSICIAN NAME _____ PHONE NUMBER _____
CITY _____ STATE/PROVINCE _____
Type of doctor: _____

Confidential Information About You

Use a separate piece of paper for explanations requiring additional space.

Do you have or have you been told by a doctor that you have or had:

Epilepsy No Yes

Ulcers No Yes

Diabetes No Yes

High blood pressure No Yes

Asthma or lung disease No Yes

Colitis or recurrent intestinal problems No Yes

Heart disease: congestive failure, angina No Yes

Prior heart attack/or bypass surgery No Yes

Significant foot, arm, leg or back problems No Yes

Arthritis No Yes

Recurring thrombosis in legs or lungs No Yes

If yes, please explain in detail:

Additional questions ➡

Do you have any other significant medical problems which have required the regular care of a doctor? If yes, please explain in detail: NO YES

Have you been HOSPITALIZED in the past three years? Why? If yes, please explain in detail: NO YES

Do you have any ALLERGIES or have you had any bad reactions to any drugs? Which ones and what were the side effects? NO YES
If yes, please explain in detail:

Do you carry treatment (eg: epi pen, benadryl, inhaler)?

Are you currently taking any regular medications? If so, please PRINT names and daily dosage clearly. NO YES

I am active _____ times a week doing these activities:

Recently I have traveled to:

I have the following physical concerns about this trip:

Approval to release this information in the event of a medical emergency.

PARTICIPANT 'S SIGNATURE DATE

PRINTED NAME (please write legibly!)

PARENT /LEGAL GUARDIAN'S SIGNATURE DATE
Minors under the age of 18 are required to have a parent or legal guardian sign this form.

PHYSICIAN'S SIGNATURE DATE
If you are age 70 or older, our insurance requires that this form is also signed by your physician.