



MEDICAL: This information could help ensure a prompt and effective response to an injury or medical emergency. List anything that may be important in enabling us to help you in such an event. Be thorough, consult your doctor if you are uncertain of how to describe any condition you may have or medications you are taking. We reserve the right to require a written doctor's permission for certain medical conditions. All information is confidential.

Family Physician _____ Physician's Office Phone _____

Medical Insurance Company _____ Policy Number _____ Phone _____

I have the following medical conditions, which I understand and appreciate may adversely affect me during my participation in this trip (check applicable conditions). Please do not notify us of serious medical problems only a few weeks before your trip; please turn your form in on time.

- Heart condition, including high blood pressure
- Impairment from alcohol or illegal drugs
- Orthopedic - ankle/knee/back/neck/shoulder pre-existing injury (circle any that apply)
- Seizure disorder
- Allergic reaction to _____
- Other (Please explain below)
- Diabetes
- Pregnancy
- Asthma

Allergies and medications you are taking (including what they are for). Also include whether you are taking medication for hepatitis or malaria and if your tetanus shot is current. Please do not use abbreviations; we won't know what they mean (attach paper if necessary).

Past Medical History Description: Do not use abbreviations; we won't know what they mean (attach paper if necessary).

Describe your current level of activity and fitness (attach paper if necessary). _____

SCUBA DIVING

Are you interested in scuba diving? Yes No Are you certified? (Remember your cards!) Yes No

I am planning to take the following courses: (This does not commit you to a course, but the dive shop needs advance notice)

- Discover Scuba (for non-divers, 1/2 day) Open Water (4 days) Open Water Referral (2 days)
- PADI Scuba Diver (2 1/2 days) PADI Scuba Diver Referral (1 day) Adventure Diver (1 1/2 days)
- Advanced Open Water (2 days) Rescue Diver (10-14 days) Dive Master (16-21 days)

This section is very important; please include everything!

ARRIVAL: Date _____ Time _____ Airline _____ Last U.S. City _____ Flight # _____

DEPARTURE: Date _____ Time _____ Are you arriving in Belize prior to Day 1 of itinerary? Yes No

If yes, the more information you provide about what you will be doing immediately prior to meeting us, the quicker we can find you if you don't show up! Please include contact phone numbers and hotels names.



HOTEL ROOMMATES

We book hotel rooms double occupancy. Preferred roommate _____ 1 Bed 2 Beds

(If you are traveling alone, we will assign you a roommate: another single person of the same gender. If no such person exists, you will receive a single room at no additional charge. If you are a smoker, please refrain from smoking in your shared room.)

BABYSITTERS

I am interested in hiring a babysitter to help look after my child(ren). Please contact me about this option.

CREDIT CARD PAYMENTS

If paying ANY portion of the cost of your trip by credit card, you must complete the following. EVEN IF YOU HAVE ALREADY GIVEN US YOUR CREDIT CARD NUMBER ON THE PHONE YOU STILL MUST COMPLETE THIS SECTION. (If you have already give us your card number on the phone, you may put "on file" where we request number and exp date.) If you use two different cards for deposit and final payment you must make a copy of this and fill it out for both cards.

PLEASE CHECK ONE Do you wish us to charge your final payment to your credit card at this time? Yes No
Do you wish us to charge your final payment to your credit card when due? (60 days prior to departure): Yes No

I have already paid my deposit final balance both deposit and final balance by phone.

This is to verify that I (print name) _____ have authorized Slickrock Adventures, Inc. to use my credit card: (print card type, MC, VISA or AmEx) _____
(print expiration date) _____ (print card number) _____
for payment of deposit and/or final balance for (print trip name) _____
on (print trip launch date) _____ which runs for a duration of (print number of days) _____.

I understand that the price for this trip is as advertised in the current brochure.

X _____ (signature) _____ (Print Name on card) _____ (Print Date)

INSURANCE WAIVER

PLEASE CHECK ONE I have purchased trip insurance from _____ (List company); policy #: _____
 I have declined to purchase trip insurance, and I will not hold Slickrock Adventures, Inc. responsible for any expenses incurred resulting from my inability to meet with the trip, early departure or evacuation, accident, sickness, lost, stolen, late, or damaged possessions.

X _____ (signature) _____ (Print Name) _____ (Print Date)

ACKNOWLEDGEMENT OF ADEQUATE PREPARATION FOR THE TRIP

_____ (Initial here) I have read and understand the following published information: (1) The flyer on the trip I am signing up for, (2) The "Belize Supplemental Information" sheet, and (3) The sheet entitled "Things You Need to Know Before Booking a Trip with Slickrock." (4) The "Commonly Asked Questions" booklet.

ACKNOWLEDGEMENT OF RESPONSIBILITY FOR BELONGINGS & HARDSHIPS, AND PHOTO RELEASE

- 1. I understand that I am responsible for my own belongings on a SA trip, and I do not hold SA responsible for loss of any of my personal belongings during a trip, including cash, credit cards, passports, and air tickets.
- 2. Such risks as all thefts, injuries, illnesses, delays or natural disasters are hereby realized and accepted regardless of any instructions, assurances, and guarantees made by any Slickrock personnel or associates. No make up of time or equipment, or any refund will be held liable to SA for any reason. No refunds will be given for any reason once the trip has begun. Hardships, delays, and revisions of the itinerary are risks that I will accept.
- 3. I agree to permit any other participant or staff member the right to film records of this trip without recourse.

X _____ (signature) _____ (Print Name) _____ (Print Date)

A WORD ON SAFETY

Over the years, we have developed a thoroughly conscientious approach to safety. Our Number One concern is always your health and enjoyment, and our staff makes every effort to familiarize you with the new environments you will encounter. Problems and potential difficulties are explained and dealt with openly, with no pressures to perform anything that a participant considers too dangerous. Our guides are qualified, personable leaders with experience and training in emergency procedures, and first aid kits are present. Often speedy, comfortable evacuation is possible, but other times we must rely on our own resources, and may face truly difficult conditions. You as participants must realize and accept these risks before joining our trip. Sea kayaking, scuba diving, snorkeling, caving, windsurfing, kite sailing, kayak surfing, surfing, river running, hiking, volleyball, and in-country boat and vehicle transport are enjoyable activities as long as one understands and respects their challenges. Participants should not sign up for a trip that requires efforts beyond their level. Our staff will help you make this determination; call if you have questions about the difficulties of each itinerary we offer.



PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

Please read in full before signing! An edited waiver of liability is invalid.

In consideration of the services of Slickrock Adventures, Inc., their agents, owners, officers, guides, volunteers, other participants, employees, sponsors, advertisers, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SA"), I hereby agree to release, indemnify, and discharge SA, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows. I understand that this is the entire agreement between the client and outfitter and that a staff statement or brochure is not considered to be a contract.

1. I acknowledge that my voluntary participation in outdoor adventure-based activities in Belize such as sea kayaking, scuba diving, snorkeling, caving, surfing, kayak surfing, paddleboarding, whitewater and underground river running, hiking, windsurfing, volleyball, in-country transport, and any other island, land, or river-based activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself, to property, or to third parties. I understand that such risks and in fact all risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, SA staff have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instruction, and the equipment being used might malfunction.
2. Some further, but not all, risks: a)weather conditions that may change quickly, including wind, lightning, water spouts, hurricanes, and excessive heat and sun b)hyperthermia (being too hot); c) improper first aid, emergency treatment or other attempted rescue services, and the unavailability of life saving services or immediate medical attention in the case of injury; d)my own physical condition and my own acts or omissions; e) the consumption of tainted food or water during the trip, including water in the rivers I run on the trip; f)my own or other participants' attempts to exceed our sports skills and/or participating in sports in a reckless manner; g)my own failure or that of other participants to follow the safety guidelines and other instructions given by guides and instructors; h)improper use of equipment; i)inadequate repair or maintenance of SA's facilities and equipment; j)vehicular or pedestrian accident while being transported or walking to or from SA's staging areas; and k) **error on the part of SA and its instructors, guides and employees, including insufficient instruction or assistance.**
3. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of SA's equipment or facilities, including any such Claims which allege omissions of SA.
5. Should SA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
6. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly by any such condition. I assert that I am in good health, and confident of my physical abilities.
7. If I choose to scuba dive, I further acknowledge that SA has no control over Off the Wall Dive Center (OWDC) and I understand that SA assumes no responsibility for the services provided by OWDC. I understand that SA also assumes no responsibility for the facilities, residents, or staff of any lodging establishments, including, but not limited to: Maya Mountain Lodge and the Belize Biltmore Plaza Hotel.
8. If I choose to drink alcoholic beverages during the trip, I understand that SA assumes no responsibility for accidents that may occur as a result of my drinking. I understand that \$40 of the price of my trip goes toward a separate purchase of beer and soda for my personal consumption. I also understand that there is no refund for unused services included in the trip price, including this beer and soda that will be purchased on my behalf.
9. In the event that I file a lawsuit against SA, I agree to do so solely in the state of Utah, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state.
10. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SA on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____ **Print Name:** _____

Address: _____ **Date:** _____

PARENT'S OR GUARDIAN'S ADDITIONAL IMDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by SA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SA from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor. Both parents' signatures are required, even if divorced. If one is deceased please note where they would sign their name:

Mother or Guardian: _____ **Print Name:** _____ **Date:** _____

Father or Guardian: _____ **Print Name:** _____ **Date:** _____