



P.O. Box 150 Hood River, OR 97031
 slickrock@slickrock.com www.slickrock.com
 (800) 390-5715

REGISTRATION FORM AND PARTICIPANT AGREEMENT-TOTAL 4 PAGES

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. Sea kayaking, scuba diving, snorkeling, caving, windsurfing, kite surfing, 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. All of these activities involve inherent and other risks which cannot be eliminated without changing the inherent nature of the activity. 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.

- **You cannot join a trip if we do not have the original signed forms in our Oregon office before your trip starts; we cannot receive them in Belize.**
- **It is not necessary to have these forms accompany your \$450 deposit, but they must accompany final payment.**
- **Please complete and sign the forms before mailing them to us. If you must fax these due to late date, also mail us the original. All of the forms must be filled out completely or you will not be permitted to participate in the trip since it may jeopardize your safety and others.**
- **Each trip participant needs separately filled out forms.**
- **It is to your advantage to get the forms to us as soon as possible.**
- **All forms must be signed, or they are invalid. All shaded sections require a signature or initial as designated. No language may be edited, or the form is invalid. An invalid form means you will not be permitted to join the trip.**
- **Please print clearly.**

First Name (please put the name you use, rather than passport name) _____ Last Name _____

Name of Trip _____ Trip Departure Date _____ Trip # Days _____

Name of Second Trip _____ Trip Departure Date _____ Trip # Days _____

Mailing Address _____ City _____ State _____ Zip _____ Country _____

Primary Phone (_____) _____ 2nd Phone (_____) _____

3rd Phone _____ E-mail address _____

Sex ___ Age ___ Marital Status ___ Height ___ ft ___ in Weight ___ lbs (Need height/weight for lifejacket/boat fit)

Birth Date _____ Occupation _____ Country that issued passport _____

Name of Next of Kin/Emergency Contact (please don't list someone on the trip with you!) _____

Relationship _____ E-mail _____ Phone (_____) _____

Dietary restrictions: please list food allergies for which you carry an epinephrine pen. No other allergies can be accommodated, with the exception of gluten-free, vegetarian, and cheese-free (not dairy free). Please let us know if you do not eat cheese. Read more about our menu here: slickrock.com/belizefood.html.

List previous adventure sport experience, if any (attach paper if necessary) _____

T-SHIRTS

Each guest receives one Slickrock t-shirt. T-shirts are received upon arrival to the Belize Biltmore Hotel. Late sign-ups may not receive their t-shirt before the trip.

Unisex sizes, number after size is approximate measurement of shirt, shoulder to shoulder	XXL (24")	XL (22")	L (21")	M (19")	S (18")	XS (16")
Please list 1 st and 2 nd choice						

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. **We are not medical experts so the ultimate responsibility for your health and fitness is between you and your doctor.** All information is confidential.

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 forms 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)
- Pregnancy, due date _____
- Allergic reaction(s) (list details below)
- Other (Please explain below)
- Diabetes
- Seizure disorder
- Asthma

Please explain your medical conditions.. 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).

Relevant past medical history: Do not use abbreviations; we won't know what they mean (attach paper if necessary).

- I rarely exercise/ not that fit
- I exercise a few times/week/ fairly fit
- I exercise everyday/ very fit

FLIGHTS TO BELIZE

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, where are you staying the night before you meet us? _____ Please give their contact # and/or email: _____

KITESURFING LESSONS

You pay for kitesurfing lessons after the trip is over. Filling out this section out does not commit you to lessons, it just helps us with scheduling and other logistics.

Are you interested in kitesurfing lessons? Yes No How many lessons might you be interested in? _____

SCUBA DIVING

You pay on location for diving, by filling out this part of the form it helps the dive shop to make sure they have enough staff to accommodate those who might wish to dive.

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

I am planning to take the following course(s): (This does not commit you to a course, but it helps the dive shop to know your interest.)

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

HOTEL ROOMMATES

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

If a family, list here how you want everyone roomed, families of 3 are all roomed together _____

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/DEBIT CARD PAYMENTS

YOU MUST CHECK ONE Someone else is paying for 100% of my trip, so I can skip this section
 I am paying for some or all of my Belize trip by credit card, so I will fill out this section in full. I understand I still have to complete this section even if I have already given my credit card information on the phone. Each number below requires a response.

- 1. (Choose one) I have already paid: deposit final balance both deposit and final balance
- 2. (Choose one) Do you wish us to charge your final payment to your credit card at this time? yes no
- 3. (Choose one) Do you wish us to charge your final payment to your card when due? (60 or 90 days prior to departure): yes no
- 4. (Choose one) My credit card number is already on file. I will call with my credit card information. Credit card info below.
- 5. This is to verify that I (print name on card) _____ have authorized Slickrock Adventures, Inc. to use my credit card (print card number) _____ (exp date) _____ (security number) _____ for deposit and/or final balance for the (Choose one) Adventure Island at Glover's Reef Belize Adventure Week package that begins on (print trip date) _____.

I have already been informed of the amount due X _____ (signature) Today's date _____

INSURANCE WAIVER

YOU MUST CHECK ONE I have purchased trip insurance from _____ (company); confirmation or policy #: _____
 I have either not yet purchased trip insurance, or I have declined to purchase trip insurance. 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, (3) The sheet entitled "Things You Need to Know Before Booking a Trip with Slickrock." (4) The "Commonly Asked Questions" booklet, and (5) The "Adventure Sport Activities" booklet.

RESPONSIBILITY FOR BELONGINGS & HARDSHIPS, AND PHOTO RELEASE

- 1. I understand that I am responsible for my own belongings on a Slickrock Adventures trip, and I do not hold Slickrock Adventures responsible for loss of any of my personal belongings during a trip including but not limited to cash, credit cards, passports, and air tickets.
- 2. I acknowledge there are risks such as thefts, injuries, illnesses, delays, changes in itinerary, hardships or natural disasters and I hereby accept these and other risks regardless of any instructions, assurances, and/or guarantees made by any Slickrock Adventures' personnel or associates. I understand that Slickrock Adventures will not give refunds for any reason once the trip has begun. Refunds prior to beginning the trip will be pursuant to Slickrock Adventures policies.
- 3. I understand that if I choose to kayak, paddle, surf, windsurf, or sail when it is not being offered as a group activity, I may do so with certain restrictions as set forth in Slickrock Adventures' published information and reviewed on the trip itself. I further acknowledge that I am financially responsible for the gear I use when not with a Slickrock guide. I authorize Slickrock to charge me for any sport gear that I damage or lose in the following (already depreciated) amounts: sea or fishing kayak-\$600, double sea kayak: \$750, surf kayak: \$375, paddle: \$90, windsurf board: \$600, windsurf sail-beginner or intermediate: \$150, windsurf sail-advanced: \$450, Kitesurf board: \$300, paddleboard: \$600, downwind paddleboard: \$750, surf board: \$450.
- 4. I agree to permit any other participant or staff member the right to photograph or film me on this trip without recourse.

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

PARTICIPANT AGREEMENT, RELEASE, INDEMNITY AGREEMENT 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. and its 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 agree that this Participant Agreement, Release, Indemnity Agreement and Assumption of Risk is legally binding upon me, my children, my parents, my heirs, assigns, personal representative and estate. I understand that this is the entire agreement between me and SA regarding the subject matter hereof. Staff statements and brochures are not contracts.

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, kiteboarding, 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 inherent and other risks 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; or make other mistakes. The equipment being used for an activity might malfunction.
2. It is impossible to know or list every risk associated with every activity. Some further, but not all, risks include: a)weather conditions that may change quickly, including wind, lightning, water spouts, hurricanes, and excessive 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 their skill levels and/or participating in sports in a reckless manner; g)my 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 accidents while being transported or walking to or from SA's staging areas; k) insect bites, snake bites, threats from wild animals, hazardous plant life and other risks of nature; and l)**error on the part of SA and its instructors, guides and employees, including insufficient instruction or assistance.**
3. I acknowledge that participating in an SA activity involves inherent risks and other risks, hazards, and dangers including some not listed above that can cause or lead to death, injury, illness, property damage, mental or emotional trauma, or disability. I agree to assume all of the risks of the activities of these activities, whether inherent or not and whether described above or not.
4. **I hereby forever release, waive and discharge SA, its owners, officers, directors, employees and agents, and any other affiliated persons, firms, limited liability companies or corporations, of and from any and all liabilities, claims or expenses in any way associated with my participation in SA activities or the use of any related equipment or facilities. Neither I nor my family members, heirs, devisees, beneficiaries, executors, administrators, or any other affiliated persons whomsoever, will make any claim against SA, its owners, officers, directors, employees or agents, or any other affiliated persons, firms, limited liability companies or corporations, as a result of any injury, illness, damage, death or loss of any nature or kind whatsoever relating to such activities and/or use of related equipment. This release includes, without limitation, any losses caused or alleged to be caused, in whole or in part, by the negligence, whether active or passive, of SA, its owners, officers, directors, employees or agents, and includes without limitation claims for injury, property damage, wrongful death or breach of contract.**
5. I further agree to defend, indemnify and hold harmless SA, its owners, officers, directors, employees and agents, and any other affiliated persons, firms, limited liability companies or corporations, against any and all claims, losses, costs or damages (including attorney fees and costs) relating to my participation in SA activities and/or my use of related equipment or facilities.
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. I further certify that I have no medical or physical conditions which could interfere with my or others' 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 confidant of my physical abilities.
7. If I 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 Pelican Beach Resort, Cassia Hill Resort, and the Belize Biltmore Hotel.
8. I understand that the use of alcoholic beverages or use of drugs of any kind, legal or illegal, increases the risks of participation in SA activities, and that specifically, without limiting any of the provisions of the foregoing release and hold harmless, SA expressly assumes no responsibility for any accidents, injury or damage to persons or equipment caused or contributed to by such use. I further understand that \$40 of the price of my trip goes toward a separate purchase of beer and soda for my personal consumption and that there will be no refund for unused services including, without limitation, unconsumed beer and soda that was purchased on my behalf..
9. In the event that I or anyone on my behalf files a lawsuit against SA, the lawsuit must be filed in the courts of Oregon, and I further agree that the substantive law of Oregon shall apply in that action without regard to the conflict of law rules of that state. 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.

I have carefully read, understand and voluntarily sign this document 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- Note the airlines also will request documentation of this)

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:** _____