

WILDCOAST ADVENTURES LTD.

MEDICAL FORM

We require a separate form for each member of your group. Please return the completed Medical Form & Waiver by email within 7 days of booking your trip and no later than two (2) weeks prior to your trip departure. Because we operate in remote areas, the information you provide will guide us should an emergency occur. Therefore it is in your best interest to provide us with as much detailed information about your health, medication, physical and psychological limitations as possible. All information is confidential and will only be presented to your guides and in case of emergency to the medical personnel in charge (and Wildcoast Adventures Ltd. will comply with applicable privacy and protection of personal information legislation). If needed, bring two (2) separate sets of your medication in waterproof containers which must be accessible during the trip. Give one container to your lead guide and explain possible side effects of your medication and the directions of use.

It is your responsibility to ensure that you have appropriate health/evacuation insurance for your trip!

| Trip Information | | | | |
|--|--|------------------|--------|------|
| Trip Booked | | | | |
| Start Date of Trip | | | | |
| Your Contact Information | | | | |
| Name | | | | |
| Address | | | | |
| Telephone Number | | | | |
| Contact Person In Case of an Emergency | | | | |
| Name | | | | |
| Relationship | | | | |
| Address | | | | |
| Telephone Number | | | | |
| Travel & Medical insurance Details | | | | |
| Company or Government Provider | | | | |
| Name of Plan | | | | |
| Telephone Number | | Medical Plan No. | | |
| Personal Information | | | | |
| Date of Birth | | Sex | Female | Male |
| Height | | Weight | | |

| Outdoor Experience | | | | |
|--|-----------|----|----------|-------------|
| Kayaking Experience | Lots | | Moderate | None |
| Can you swim? | Yes | No | | |
| Fear of water, heights, etc.? <i>If yes, provide details...</i> | Yes | No | | |
| General Health | | | | |
| Fitness Level | Very good | | Moderate | Not so good |
| Date of last tetanus shot or booster? | | | | |
| Do you wear eyeglasses? <i>(if yes, eyeglass straps are recommended)</i> | Yes | No | | |
| Do you use a hearing aid? | Yes | No | | |
| Are you pregnant? | Yes | No | | |
| Do you have known allergies, previous allergic reactions or sensitivities? <i>If yes, do you carry an Epi-pen? Provide all relevant additional details...</i> | Yes | No | | |
| Do you have any physical disabilities, injuries or medical conditions that may be irritated by kayaking? <i>If yes, provide details...</i> | Yes | No | | |
| Any chronic disabilities? <i>If yes, provide details...</i> | Yes | No | | |
| Are you on medication? <i>(bring sufficient amount for your trip and pack in water and sun proof container.)</i> <i>If yes, provide details...</i> | Yes | No | | |
| Do you have or have you had and any psychological problems? <i>(ex. depression, anxiety, substance abuse, other?)</i> <i>If yes, provide details...</i> | Yes | No | | |
| Have you in the last year been in medical treatment? <i>If yes, provide details...</i> | Yes | No | | |

Dietary Restrictions

We make best efforts to cater to those with food allergies and special diets. Please note that for those with severe allergies we cannot guarantee that our food will be 100% free of the item(s) you are allergic to.

Do either of the following apply to you?

(note: it is your responsibility to monitor that what you are eating during your trip meets your dietary requirements)

I don't eat salmon

I'm a vegetarian

Do you have any other dietary requirements or food allergies?

If yes, provide details...

Yes

No

Note: you will will be charged \$10 per day if your dietary requirements require modifications to the Wildcoast menu.

I have completed this form accurately and truthfully and to the best of my knowledge and I do acknowledge and understand, that in case of emergency, I put myself and other participants at risk with any incorrect information I provide. I will inform Wildcoast Adventures Ltd before trip departure if there is any change in my medical status.

| Name of Participant | Signature of Participant | Date |
|---------------------|--------------------------|------|
| | | |