

# DISCOVER THE WORLD OF PANTERRA



## PARTICIPANT INFORMATION FORM

(the name on this form must match the name on your passport)

PLEASE PRINT CLEARLY and provide ALL information requested. The information below is considered confidential.

PROGRAM NAME: \_\_\_\_\_ PROGRAM DATE: \_\_\_\_\_

### PERSONAL INFORMATION

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ PROVINCE/ POSTAL CODE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ HEIGHT/WEIGHT: \_\_\_\_\_ cm/ \_\_\_\_\_ kg ADULT T -SHIRT SIZE: \_\_\_\_\_

BIRTH DATE (D/M/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_ CITIZENSHIP: \_\_\_\_\_ PASSPORT #: \_\_\_\_\_

EXPERIENCE (snorkeling, swimming, boating, kayaking, etc.): \_\_\_\_\_

\_\_\_\_\_ How do you rate your swimming ability (poor, fair, good, excellent): \_\_\_\_\_

### CONTACT IN THE EVENT OF AN EMERGENCY

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

### HEALTH INFORMATION

1. DIETARY RESTRICTIONS: What kinds of meat/foods are NOT eaten: \_\_\_\_\_

2. ALLERGIES: Please list all known allergies to FOODS, MEDICATIONS (prescription or over -the-counter), PLANTS or ANIMALS. Please indicate: Severity of reaction, medication required, will you be carrying it with you on the trip, and if the food can be eaten in other forms (e.g. milk in baked goods)

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3. Do you have any CONDITIONS or ILLNESSES such as diabetes, asthma, emotional illness, epilepsy, heart condition, etc. Please indicate: Severity of condition/illness, will it effect participation in any activities, medication required and will you be carrying it with you on the trip?

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4. In the **year preceding** the trip date, have you or will you be receiving treatment for an illness or injury? Please explain:

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5. In the **year preceding** the trip date, have you had or are you scheduled to have surgery? Please explain:

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6. Do you suffer from motion sickness? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, will you be taking any anti -nausea medication in the event of seasickness.? YES \_\_\_\_\_ NO \_\_\_\_\_ (It is the participants' responsibility to bring their own medications.)

7. Will you be wearing a MedicAlert bracelet or necklace? YES \_\_\_\_\_ NO \_\_\_\_\_

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**PHOTO RELEASE** - I, and where applicable the authorizing parent/legal guardian, hereby transfer to Panterra all rights whatsoever which the participant has in the photographs, videotape and motion pictures that Panterra or its agents has taken. I, and where applicable the authorizing parent/legal guardian, consent to the photographs, videotape and motion pictures for the purposes of publications or advertising. Panterra may transfer their rights in these photographs, videotape and motion picture to others and they may rely on this consent. YES \_\_\_\_\_ NO \_\_\_\_\_

**WAIVER - GENERAL INFORMATION:** Each trip has an information package outlining the program. For the benefit of the participant and their travel companions, we ask that the participant, and where applicable the authorizing parent/legal guardian, familiarize themselves with the information package thoroughly before departure. This information package includes:

- 6 page "Expedition Brochure" – Adult/Family and Medical participants only.
- 2 page "Participant Information Form" - due at time of the initial deposit, if not submitted on time or 14 days prior to the expedition date the participant will be denied access to the program expedition.

**LIABILITY:** We ask the participant, and where applicable the authorizing parent/legal guardian, to fully understand and accept the responsibility dealing with the risks connected to wilderness and adventure travel. We do not accept liability for any inconveniences, losses or damages suffered by participants in connection with Panterra. Should an accident or illness necessitate an evacuation of one or more members, evacuation expenses will be covered by the participants. It should be noted that unfit or uncooperative participants, whom in the judgment of the Panterra trip representative jeopardizes the stated purpose or safe operation of the expedition may be denied participation in all or part of the itinerary to include being removed from the vessel at the cost to the participant, and where applicable the authorizing parent/legal guardian.

**RESPONSIBILITY:** The participant, and where applicable the authorizing parent/legal guardian, is aware that adventure travel involves many inherent risks, dangers and hazards, and freely accept and fully assume all such risks, danger and hazards and the possibility of personal injury, death, and property damage or loss, resulting therefrom. The participant holds harmless Panterra, the directors, the employees, agents and representatives (the Releasees). The participant further releases any and all liability for any loss, damage, injury, or expenses that the participant may suffer or that their next of kin, may suffer as a result of the participants participation in the trip, or their use of equipment or facilities due to any cause whatsoever, on the part of the Releasees. Panterra reserves the right to alter any itinerary or service at anytime without penalty to the organizer.

I, and where applicable the authorizing parent/legal guardian, have provided the necessary information in this 2 page Participant Information Form, and further agree to the conditions set out in the information package.

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

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