

# BOLD PATHS ADVENTURE TRAVEL

A LIFETIME OF ADVENTURE AWAITS



## AMC and Bold Paths Adventure 2017 Registration Form

**KAYAK EXCURSION** date(s) \_\_\_\_\_

**Adult #1** Trip title: \_\_\_\_\_ dates \_\_\_\_\_  
Name \_\_\_\_\_ Birth date \_\_\_\_\_

**Adult #2** Trip title: \_\_\_\_\_ dates \_\_\_\_\_  
Name \_\_\_\_\_ Birth date \_\_\_\_\_

**Child #1** Trip title: \_\_\_\_\_ dates \_\_\_\_\_  
Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Age as of June 1, 2017 \_\_\_\_\_ Child's grade and age (fall 2017) \_\_\_\_\_ Gender \_\_\_\_\_

**Contact info:** Yourself: \_\_\_\_\_

Home address \_\_\_\_\_

Home phone(s) \_\_\_\_\_

Work phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian(s) of Minor: Name \_\_\_\_\_

Home address \_\_\_\_\_

Home phone(s) \_\_\_\_\_

Work phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Emergency contacts:** names & phone #s & email addresses

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Adult signature(s)** \_\_\_\_\_ **date** \_\_\_\_\_

PLEASE RETURN **BEFORE** AMC/ Bold Paths trip to:

Bold Paths, Bonna Wieler 107 Miller Pond Rd, Thetford Center VT 05075

(802) 333-3549 (802) 274-0810 cell [boldpaths@gmail.com](mailto:boldpaths@gmail.com) [www.boldpaths.com](http://www.boldpaths.com)

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## EMERGENCY MEDICAL PERMISSION AND LIABILITY WAIVER

In the event of a medical emergency, I give permission for Bonna Wieler and Bold Paths and AMC staff/volunteers/contractors to administer emergency first aid. If I cannot be reached, I empower the AMC and staff of Bold Paths to authorize emergency medical treatment for myself and/or my child(ren):

\_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

during AMC/Bold Paths trips in 2017. I understand that during this trip, good sense and prudence will be exercised. However, if any accident or injury occurs involving myself or my child(ren), I will not hold AMC or Bold Paths or staff/volunteers/contractors to blame. Furthermore, we indemnify AMC, Bold Paths and its employees, contractors and volunteers against any claim which may arise for such accident or injury.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

### *Additional Emergency and Medical Care Information*

Participant's name(s) \_\_\_\_\_

Doctor or Pediatrician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

\* Allergies and medical problems \_\_\_\_\_

\* Date of last immunization for **tetanus** \_\_\_\_\_

\* Is participant allergic to bee stings? \_\_\_\_ yes \_\_\_\_ no

\* I give consent for my child to receive the following as needed (please circle):

Ibuprofen      Acetaminophen      Tylenol      Insect repellent      Sunscreen

\* Will you or your child need to take any medication while on the trip? \_\_\_\_ yes \_\_\_\_ no Please state medication(s), dosage, and interval \_\_\_\_\_

\* Do you or your child have any special dietary needs? \_\_\_\_\_

\* Do you or your child have any physical restrictions? \_\_\_\_\_

**EMERGENCY CONTACTS:** Please give names of two other people who may be called in an emergency if above persons cannot be reached. These persons are also authorized to take the child to and from camp.

Name \_\_\_\_\_ relationship \_\_\_\_\_

Address \_\_\_\_\_ phone \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ relationship \_\_\_\_\_

Address \_\_\_\_\_ phone \_\_\_\_\_ phone \_\_\_\_\_

**FOOD PREFERENCES:** (\$30 for the weekend) \_\_\_\_\_

**LODGING OPTIONS:** \_\_\_\_\_ Breakfast on the Connecticut (make your own reservations)  
\_\_\_\_\_ Camping in S. Strafford on Bold Paths land (\$25/night/person)  
\_\_\_\_\_ Other \_\_\_\_\_

**BOAT RENTAL:** (\$20/day) Yes / No Preference of type of boat \_\_\_\_\_ p. 2 of 3

## WAIVER FOR BOATING

### RELEASE OF LIABILITY, EXPRESS ASSUMPTION OF RISK, AND FORUM SELECTION AGREEMENT

**Please read carefully before signing.**

I understand and accept that *boating* and the associated activities that I am participating in with the Appalachian Mountain Club, American Canoe Association, Bold Paths Adventure Travel, Touching the Earth and Arts, Women-Outdoors, Connecticut RiverFest Inc., Treasure Island and Bonna Wieler are hazardous with many inherent and other risks and dangers which may result in injury, illness or death. I further agree that I voluntarily wish to participate in this activity and to encounter these risks, some of which are known and some of which are unknown.

In consideration of this and further in consideration of being allowed to participate in this activity, I freely and willingly accept and voluntarily assume all risks of property damage, personal injury or death which occurs and which results from my participation in this activity and **I HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** the Appalachian Mountain Club, American Canoe Association, Bold Paths Adventure Travel, Touching the Earth and Arts, Women-Outdoors, Connecticut RiverFest Inc., Treasure Island, and Bonna Wieler their agents, owners, employees, officers, associates, and independent contractors from any and all claims, suits or actions for **ANY DAMAGES, INJURIES, ILLNESS, PARALYSIS, OR DEATH** arising out of my participation in this activity and/or use of Bonna Wieler's, AMC's, Connecticut RiverFest's, Ledyard Canoe Club's, Treasure Island's, or other borrowed equipment, including claims of negligence whether the risk or injury be foreseen or unforeseen.

I agree that the phrase "inherent risk" means those risks which are listed in this agreement or those that can reasonable infer therefrom and I further agree that these inherent risks are both obvious and necessary to the activity that I am to participate in. I agree that these inherent risks include but are not limited to *boating on the Connecticut River and its tributaries, or lakes and ponds used by the above listed organizations' activities*. I further agree that any dispute arising under this contract between myself the above mentioned organizations and businesses, and/or any landowner whose land we may use during the activity shall be litigated exclusively in a Superior Court of the State of Vermont, or the US District Court for the District of Vermont, and that any disputes will be governed by the laws of the State of Vermont.

**I HAVE CAREFULLY READ AND I CLEARLY UNDERSTAND THIS RELEASE OF LIABILITY, EXPRESS ASSUMPTION OF RISK AND FORUM SELECTION AGREEMENT, AND THAT THIS DOCUMENT INCORPORATES THE ENTIRE AGREEMENT BETWEEN MYSELF AND** Appalachian Mountain Club, American Canoe Association, Bold Paths Adventure Travel, Touching the Earth and Arts, Women-Outdoors, Connecticut RiverFest Inc., Treasure Island, and Bonna Wieler.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

If I am signing this document on behalf of a minor, I hereby certify that I represent and guarantee that I have full authority to do so realizing the full binding effect of this contract on them as well as myself. I further agree to the terms of the attached indemnification on Behalf of Minor and incorporate the terms of that document herein.

**PRINTED NAME OF MINORS** \_\_\_\_\_ p. 3 d 3