

## BOLD PATHS ADVENTURE TRAVEL

A LIFETIME OF ADVENTURE AWAITS



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

**NAME OF TRIP: 2017 Women's Kayak Trip on the Connecticut River**

Dates of Trip: Sept 15-17, 2017

Name \_\_\_\_\_ Age \_\_\_\_\_

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

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Cell phone(s) \_\_\_\_\_

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

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

For MINORS: If under 18 years old:

Parent /Guardian Name(s) \_\_\_\_\_

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

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone(s) \_\_\_\_\_

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

Parent /Guardian email(s) \_\_\_\_\_

Please return at least 5 days before the trip to:

**Bonna Wieler 107 Miller Pond Rd, Thetford Center VT 05075**

(802) 333-3549 (802) 274-0810 cell

## MEDICAL RELEASE FORM

In case of emergency, I hereby authorize myself (or my child) to be treated by emergency personnel (EMT, First Responder, ER, Physician, etc.)

\_\_\_\_\_  
Family Physician (\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

Physician Address

### In Case of Emergency, contact:

1) Name \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell phone( ) \_\_\_\_\_ Home phone( ) \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

2) Name \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell phone( ) \_\_\_\_\_ Home phone( ) \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

Please list allergies/medical problems, including those requiring maintenance medications (diabetic, asthma, seizures, etc.) or special needs you think we should know about:

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

Authorized by (printed name) \_\_\_\_\_

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

### PHOTOGRAPHY RELEASE:

Circle Yes or No: I authorize Bold Paths to be able to photograph and use photos of myself, or my child, for publicity.

Adult Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### DIETARY NEEDS or RESTRICTIONS

Please let us know about your food preferences and any restrictions:

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

**Please read carefully before signing.**

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 American Canoe Association, Bold Paths Adventure, Touching the Earth and Arts, Connecticut RiverFest, Appalachian Mountain Club, Treasure Island, Thetford Recreation Department, 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, Bold Paths', Treasure Island's, or other borrowed equipment, including claims of negligence whether the risk or injury be foreseen or unforeseen.

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 The American Canoe Association, Bold Paths Adventure, Touching the Earth and Arts, Connecticut RiverFest, Appalachian Mountain Club, Treasure Island, Thetford Recreation Department, and Bonna Wieler.**

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

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

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 this document .

**PRINTED NAME(S) OF MINORS** \_\_\_\_\_