



## COPPER OAR, LLC ADVENTURE APPLICATION

Welcome! We're glad you have decided to join us for a great Alaskan Adventure. Before filling out this form, we recommend that you contact us to discuss your trip and make sure that it is available and a good match for your goals, health and prior experience.

Each member of your party should fill out this form as well as the Assumption of Risk form, which can also be found in the reservation section of our website. Please return the forms to us and also arrange a deposit of \$500 (for just a backcountry trip) or \$1,000 (for a package trip including transport and/or lodging) to confirm your spot on the trip. You can pay by credit card, check or wire transfer. We will confirm receipt of your payment and forms by email or phone. For all of our expeditions, the balance will be due 30 days in advance of the trip start date. Reservations made less than 30 days in advance should be accompanied by full payment.

### RESERVATION INFORMATION (PLEASE PRINT)

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Name of Adventure \_\_\_\_\_

Dates \_\_\_\_\_

### CANCELLATION POLICY FOR COPPER OAR, LLC ADVENTURES

If notice of cancellation is received 30 days or more before departure of the expedition, a refund of 50% of your advance payment will be made. At this time you may choose instead to apply your full deposit (minus any non-refundable charges associated with a package trip) to a future trip within 2 years. Less than the 30 days prior to the start of the trip your full payment is non-refundable. This cancellation policy covers any and all reasons for canceling participation in the expedition, including accidents, illness, weather, and acts of nature. No refunds will be given due to bad weather prior or during our expedition. We strongly recommend you purchasing a travel insurance policy to protect your investment in your trip.

I have read the current application procedure and cancellation policy above and agree to the conditions:

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **EXPERIENCE AND GOALS**

For most of our trips, previous experience in these areas is not be necessary, but the information below will help us choose your guide(s) and plan an itinerary that fits your abilities and goals. Feel free to contact us with any questions you might have. In many cases, the guide(s) leading your trip will contact you directly before your arrival in the Wrangells.

What outdoor experience do you have?

Backpacking/Hiking:

Climbing/Mountaineering:

Rafting:

-Day Trips:

-Multi-day trips:

Have you ever been a participant on a guided trip before?

What are your goals and expectations for this trip?

What inspired you to sign up on this trip with us?

How did you find out about us (please be as specific as possible)?

**Please send Adventure Application & risk forms via email, fax or mail to:**

COPPER OAR, LLC  
PO Box 92129  
Anchorage, AK 99509  
Toll free phone and fax: (800) 523-4453  
info@CopperOar.com

## MEDICAL INFORMATION

Accurate, current medical information must be on file for your protection in order to participate in our program. We must be especially aware of any limitations which could affect your performance and well being during your adventure. This information is part of your file and is confidential. Complete all of the following questions. If changes occur later please let us know before your trip begins.

**We strongly recommend that all members of Copper Oar adventures have their own health and accident insurance. This form gives us the necessary information should we need to provide it to a hospital.**

Name of Insurance Company: \_\_\_\_\_ State: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Your Doctor: \_\_\_\_\_ Telephone Number(s): \_\_\_\_\_

## YOUR MEDICAL HISTORY

Do you have any known allergies?  Yes  No If Yes, describe: Food: \_\_\_\_\_

Medications: \_\_\_\_\_ Insects: \_\_\_\_\_

Other: \_\_\_\_\_

Treatment: \_\_\_\_\_

During the past 5 years have you had any major accidents or illnesses?  Yes  No

If Yes describe: \_\_\_\_\_

\_\_\_\_\_

Have you ever experienced back problems?  Yes  No If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Have you ever had knee, ankle, shoulder or other joint problems?  Yes  No If yes, describe:

\_\_\_\_\_

\_\_\_\_\_

Have you ever broken a bone?  Yes  No If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Will you be taking any medications during the trip?  Yes  No If yes, describe medication(s), including name, dosage, side effects and reason for taking: \_\_\_\_\_

\_\_\_\_\_

Are you afraid of heights, exposure, or have you every experienced vertigo or other balance problems? Yes  
No If yes, describe: \_\_\_\_\_

Do you have any physical or medical conditions that might restrict your full participation in this expedition?  
Yes No If yes, describe: \_\_\_\_\_

Do you wear... glasses? contact lenses?

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Jacket size: \_\_\_\_\_ Pants Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Check your level of medical training:

NONE FIRST AID CPR EMT-A,B,W,P PARAMEDIC DOCTOR NURSE

OTHER: \_\_\_\_\_

I understand that the trip requires participation in outdoor and indoor activities which are physically and mentally demanding. The itinerary involves personal risk and danger inherent with the environment and activity. Participants must be free of medical or physical conditions which might create undue risk to themselves or to others who depend on them. I accept full and legal responsibility for notifying Copper Oar, LLC in advance of any conditions or limitations which might affect my ability to fully participate in the expedition.

By signing this form the undersigned certifies that he/she **(a)** has read and understands the nature of the activities, rules and regulations pertaining to the trip, and assumes the risk thereof, **(b)** has noted on this medical form any physical or medical conditions which could affect his/her performance and well-being during the trip, **(c)** releases Copper Oar, LLC and any and all individuals involved in or assisting with these activities from monetary claims, **(d)** authorizes Copper Oar, LLC personnel, in the event of personal injury or illness, to make all medical, hospital and surgical procedures/decisions on my behalf. Facsimile copy of this form is valid as an original.

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

Printed Name: \_\_\_\_\_

## DIETARY INFORMATION

Please help us design a menu by telling us a bit about any dietary restrictions or preferences.

Check all the following items that you enjoy eating:

Red Meat    Pork    Fish    Shellfish    Soy    Dairy    Eggs

Additional comments: \_\_\_\_\_

Drink Preferences (please check all that you enjoy):

White Wine    Red Wine    Light Beer    Regular Beer    Soda    Diet Soda

Fruit Juice    Gatorade    Lemonade

Coffee    Decaf Coffee    Black Tea    Herbal Tea    Hot Chocolate

Do you have any other dietary restrictions or requests? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any special events during this trip that we should be aware of (birthdays, anniversaries, etc)?

\_\_\_\_\_

Thank you very much for all the information and we look forward to seeing you soon!

