



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. Please return the forms to us with a deposit of \$500 to confirm your spot on the trip. We will confirm receipt of your payment and forms by email or mail. For all of our adventures, 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 or course, a refund of your advanced payment less \$200 will be made. If you cancel less than 30 days prior, you will forfeit \$500. These cancellation fees may be applied to a future trip within 1 year. 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 such as issued by Travel Insured. Please see our website for more information.

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: _____

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!