



# Frontenac Outfitters

Canoe & Kayak Centre Est.1984

## FORM # 2

### COURSE MEDICAL EVALUATION

Course: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Gender: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ Postal/Zip \_\_\_\_\_  
Tel: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_  
Person to notify in case of Emergency: Name: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_

#### Medical & Fitness Information:

Evaluate Your Physical condition

Below Average     Average     Above Average     Excellent

Evaluate Your Swimming Ability

Below Average     Average     Above Average     Excellent

Do you have any other conditions, which might affect your health or the well being of others on this course?

YES     NO

Has there been any change in your health in the past year that may affect your ability to participate in this course?

YES     NO

If you answered yes to the above questions, please explain:

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#### Please circle the appropriate response

Yes No Allergies to the environment? If yes, describe \_\_\_\_\_  
Yes No Allergies to any medications? If yes describe \_\_\_\_\_  
Yes No Are you currently under a doctor's care? If yes describe \_\_\_\_\_  
Yes No (Female Only) Are you pregnant?  
Yes No Asthma  
Yes No Epilepsy  
Yes No Back problems  
Yes No Diabetes  
Yes No Do you get cold easily?  
Yes No Do you smoke?  
Yes No Heart disease  
Yes No High Blood Pressure



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## FORM # 1

### **COURSE REGISTRATION & PRE-AUTHORIZATION PAYMENT FORM**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Course Name: \_\_\_\_\_ Date of Course: \_\_\_\_\_

The completion of this form authorizes Frontenac Outfitters Inc. to process prepayment for the course / clinic listed above.  
(One authorization payment form is need for each course).

PARTICIPANT: \_\_\_\_\_  
Print Name Signature

PARENT / GUARDIAN: \_\_\_\_\_  
(If person is under 18 yrs.) Print Name Signature

WITNESS: \_\_\_\_\_  
To the above Print Name Signature

\_\_\_\_\_  
Date Signed

#### Payment By:

Visa  MC  **Best Way:** (as we can process and secure your spot immediately)

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CHQ  **Note:** (your spot is not secured until payment is processed and must be received 2 weeks prior to course)

Cash  **Note:** (cash payments must be made at our shop 2 weeks prior to course date)

#### Cancellations & Refunds:

A minimum 2-week cancellation notice is required prior to the start of your course/program to receive a full refund.  
For cancellations received in less than 2 weeks a \$25.00 administration charge will be applied, a full refund will only be granted if we are able to fill your spot with a suitable participant. Frontenac Outfitters reserves the right at our discretion to cancel or reschedule courses due to unsafe or inclement weather conditions.

**This Form can be submitted by Fax to: (613) 376.6888 (best way)**

**OR by snail mail to: Frontenac Outfitters Canoe & Kayak Centre (Course Registration) 6674 Bedford Road  
Sydenham, On. KOH 2TO**

*We look forward to paddling with you this season.  
See you on the water!*

6674 Bedford Rd, Sydenham, ON KOH 2TO • TEL: (613) 376-6220 • FAX: (613) 376-6888  
• E-MAIL: [frontenacoutfitters@gmail.com](mailto:frontenacoutfitters@gmail.com) • [www.frontenac-outfitters.com](http://www.frontenac-outfitters.com)



# FRONTENAC OUTFITTERS Inc.

*Ontario's Complete Paddlesports Centre ~ Since 1984*

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## ACKNOWLEDGEMENT & ASSUMPTION OF RISK FORM (Form # 2)

Name: \_\_\_\_\_ Are you 18 or older? Yes  No

Course Name: \_\_\_\_\_ Date: \_\_\_\_\_

Frontenac Outfitters Inc. Courses, Clinics and Tours often take place away from medical facilities. These programs can be physically and emotionally draining and require caution and adherence to all safety instructions. Risks of participating include, but are not limited to: falling exposure to extreme temperatures and cold water, inclement weather and other accidents occurring while traveling to and from the activity sites. The consequences of these risks include but are not limited to: severe injury, property and financial loss, illness, psychological trauma and even death.

Frontenac Outfitters staff will make informed decisions based on the information available but are not infallible and can make mistakes. We will provide you with clear instruction, proper equipment and competent guidance, but you must understand that equipment can fail and things can go wrong.

All skills will be taught in progression and at any time you can choose not to participate. We operate, as a traveling community and all members must take part in group responsibilities and decision-making. Failure to do so will remove our responsibility to you. You must do your part by following all instructions and safety procedures and understand that these activities have risks.

### PLEASE READ AND INITIAL THE FOLLOWING:

- \_\_\_\_\_ I have read the program description and fully understand the nature of the program and it's risks, along with the consequences of those risks. I am willing to assume those risks voluntarily.
- \_\_\_\_\_ All of my questions regarding the risks & responsibilities have been answered to my satisfaction.
- \_\_\_\_\_ I acknowledge that Frontenac Outfitters and it's staff cannot guarantee my safety and I agree to follow all instructions given by Frontenac Outfitters staff and to abide by all rules and guidelines. I further agree to participate fully in group responsibilities and decision making particularly when issues of safety arise.
- \_\_\_\_\_ I am sufficiently fit both mentally and physically to participate in the program and have identified any limitations on my medical form.
- \_\_\_\_\_ I understand the Frontenac Outfitters specializes in small groups and if I cancel within a 14 days prior to the course date all fees will be retained unless a suitable replacement can be found even if cancellation is due to sudden illness, emergency or accident. We will do our best to find a replacement but please do not ask us to assume responsibility for your problem.

**Please See the Other Side for Participant's Release & Wavier of Liability.....**