

Caribou Wild Mountain Tours

First Name: Last Name:

Address:

Phone: Email:

Emergency Contact: Name Phone:

Age: Gender: Weight: ☐ kg ☐ lb Height: ☐ cm ☐ ft/in

Any Medical Concerns? ☐ NO ☐ YES (please explain)

Do you regularly take any medications we should know about? ☐ NO ☐ YES (please explain)

Allergies? ☐ NO ☐ YES (details) Do you carry an Epi-Pen? ☐ NO ☐ YES

Any foods you do NOT like? ☐ NO ☐ YES (details)

Vegetarian? ☐ NO ☐ YES

Food Sensitivities? ☐ NO ☐ YES (details)

What foods do you prefer?

Note: We require our clients to bring their own snacks as they are such a personal thing and it is rare for a group to agree!

Tell us about yourself...

Tell us about your horseback riding experience....

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Tell us about your camping experience....

Rate Your Physical Condition (where 1 is poor and 10 is very fit):

Explain:

Any other comments?

CONDITIONS WITH CANCELLATIONS AND UNFORSEEN COSTS

Initial

- ☐ Any trips longer than one day require a 50% deposit to confirm.
- ☐ Trips must be paid in full 30 days before departure.
- ☐ If the client decides to cancel with less than 30 days notice they can rebook their new desired trip dates within THREE YEARS OF THE FIRST BOOKING. Client is responsible for trip price increases that accumulate over the three years.
- ☐ **IMPORTANT NOTE: IF THE CLIENT HAS TO BE FLOWN OUT BEFORE THE TRIP IS COMPLETE DUE TO ANY REASON, INCLUDING ACCIDENT, SICKNESS OR ANY OTHER UNFORESEEN CIRCUMSTANCES, THE COST OF THE FLIGHT WILL BE COVERED BY THE CLIENT.**
- ☐ I HAVE READ THE **CONDITIONS WITH CANCELLATIONS AND UNFORESEEN COSTS** ABOVE AND I AGREE.
- ☐ I AGREE THAT HORSEBACK RIDING AND WILDERNESS TOURING CAN HAVE INHERENT RISKS, THEREFORE CAN CAUSE ACCIDENTS OR DISCOMFORTS AND I ACCEPT THE RISK.

I, _____ AGREE TO ALL TERMS AND CONDITIONS AS LAID OUT ABOVE.
CLIENT NAME

SIGNATURE

DATED THIS _____ DAY OF _____, 20____.

METHOD OF PAYMENT

- ☐ INTERAC E-TRANSFER (CARIBOUWILD@GMAIL.COM) ☐ CERTIFIED CHEQUE OR MONEY ORDER (FINAL PAYMENT) ☐ CHEQUE