

ADVENTURES NEWFOUNDLAND TOUR REGISTRATION FORM

Tour Length: _____ **Date(s):** _____

Name: _____

Address: _____

Phone: _____

Email: _____

Date of Birth: _____ **Height:** _____

Gender: **Male** **Female**

Physical Limitations (if any): _____

Allergies: _____

Dietary Restrictions: _____

Emergency Contact info:

Name: _____ **Tel #:** _____

Please include a paragraph or so on your previous Kayaking, Canoeing and camping experience.

Please read our waiver of liability and acknowledge below that you have read and understand it. There's no need to sign it now but you will be required to sign in front of us before your tour departure .

Yes I have read and understand Adventures Newfoundland waiver of liability and will sign it in the presence of Adventures Newfoundland before departing on our tour . (check box)