



# Booking Form

Travel Dates: \_\_\_\_\_ Lodge: \_\_\_\_\_

Booking Name: \_\_\_\_\_ Number of guests: \_\_\_\_\_

Guest's Address: \_\_\_\_\_

Guest's Email Address: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

## Guest 1 (please provide full name as it appears on passport)

Full Name (as per passport): \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Whatsapp or mobile phone\*: \_\_\_\_\_

Dietary allergies/requirements\*\*: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

## Guest 2 (please provide full name as it appears on passport)

Full Name (as per passport): \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Whatsapp or mobile phone\*: \_\_\_\_\_

Dietary allergies/requirements\*\*: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

\* We use Whatsapp to communicate flight updates to guests when in Yellowknife  
\*\* Due to the remote setting we operate in, we are unable to cater for vegan diets.  
All guests should travel with insurance covering air ambulance medical evacuations, trip interruption and trip cancellation insurance.

# Wilderness Activities Waiver

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT (hereinafter the "Release Agreement")**

**BY SIGNING THIS RELEASE AGREEMENT, YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT**

**PLEASE READ CAREFULLY!**

Your initials

Guest 1

Guest 2

## ACKNOWLEDGEMENT OF RISK

I am aware that visiting the Arctic can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of visiting the Arctic may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

I am aware that I am visiting a remote area far removed from civilization, and the nearest city. I am aware that the trip may involve flights in small aircraft and / or helicopters while flying in remote regions. Travel can be limited by extreme weather conditions.

I am aware that the Arctic Watch Lodge is located about 1500 kilometres (900 miles) from the nearest hospital. Access to the lodge can be limited by extreme weather conditions. I am aware that most Arctic regions in Canada in which I will visit are a great distance from the nearest hospital.

I am aware that activities at Arctic Watch such as kayaking, fishing, biking, rafting, hiking, paddling a stand up paddle board, power boating and driving or being driven in an all terrain vehicle (or utility vehicle) or truck and more can be hazardous in arctic conditions.

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest Weber Arctic Expeditions employee immediately

Your initials      Guest 1       Guest 2

## DISCLOSURE

I acknowledge the existence of the above risks to me which may arise out of or in connection with my visit to Arctic Watch Lodge. I have informed Weber Arctic Expeditions employees of any physical and/or medical condition(s) and/or infirmities which may impact my visit to the Arctic, Arctic Watch Lodge and which may be significant in case of emergency or accident.

Your initials      Guest 1       Guest 2

## INDEMNIFICATION AND RELEASE

In signing this participation form, I elect to visit the facilities and use the equipment provided by Weber Arctic Expeditions and/or Canadian

Arctic Holidays Ltd. at my own risk, and do thereby release Canadian Arctic Holidays Ltd. and Weber Arctic Expeditions Ltd. together with their heirs, assigns, officers, representatives, agents, employees and sponsoring organizations from all liability for injury to person, property, and/or reputation that I may receive and from all claims for said injuries growing out of, or resulting from a visit to the Arctic, and/or Arctic Watch Lodge.

In consideration of Weber Arctic Expeditions Ltd. agreeing to permit my visit to Arctic Watch Lodge or another location in the Arctic, I AGREE TO SAVE HARMLESS AND KEEP INDEMNIFIED Canadian Arctic Holidays Ltd. and Weber Arctic Expeditions Ltd., its organizers and their respective agents, officials, employees and representatives from and against any and all claims, actions, costs and expenses and demands with respect to death, injury, loss or damage to me or property, including but not limited to those damages set out in the acknowledgment of risk, howsoever caused, arising out of or in connection with my visiting Arctic Watch Lodge or another Arctic location and notwithstanding that the same may have been contributed to or occasioned by the negligence of the said bodies, or any of them, their agents, officials, employees, or representatives. It is understood and agreed that this agreement is to be binding upon myself, my heirs, executors and assigns.

Your initials      Guest 1       Guest 2

I also give full permission for full use of any photograph or video taken of me (or my child(ren)) during my stay at Arctic Watch Lodge (and I release any claim I (or my child(ren)) may have for compensation for use of any photographs or videos) by Weber Arctic Expeditions Ltd., as it may in its absolute discretion determine, for advertising, publication or any other purpose.

Your initials      Guest 1       Guest 2

## Arctic Watch Beluga Foundation Donation

As per Canadian regulations with federal charities: I am aware that my donation to the Arctic Watch beluga foundation (a federally registered charity) will be used to support conservation research on Somerset and the Canadian Arctic. I willingly consent to the donation as part of my stay at Arctic Watch.

Your initials      Guest 1       Guest 2

**TRAVEL INSURANCE**

I am aware that it is highly recommended that I purchase travel insurance that includes trip interruption, cancellation, and medical evacuation. I am also aware that I am responsible to purchase my own insurance and insurance for any dependents or family members. I am also aware that I need to learn the details of the insurance policy and how to use it if it becomes necessary.

<b>Your initials</b>	<b>Guest 1</b>	<input type="text"/>	<b>Guest 2</b>	<input type="text"/>
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**Signature Guest 1** \_\_\_\_\_

**Date (DD/MM/YYYY):** \_\_\_\_\_

\_\_\_\_\_

**Signature Guest 2** \_\_\_\_\_

**Date (DD/MM/YYYY):** \_\_\_\_\_

\_\_\_\_\_