



Welcome to Wilderness Inquiry! By signing the waiver below, you are one step closer to a great adventure with an organization that has been providing outdoor adventure trips to people of all backgrounds and abilities for more than 41 years. We invite you to learn about all of the exciting programs Wilderness Inquiry has to offer. Thank you for your participation!

Name: _____
Date Of Birth: ____/____/____ Age: ____ Gender: ____
Address: _____ City: _____ State: ____ Zip: ____
Phone (Day): (____) _____ Phone (Evening): (____) _____ Email: _____

Have you had a seizure or blackout in the last 6 months? Y N

Our mission is to serve people of all ages, abilities, and backgrounds. The following questions are for reporting purposes only.

Do you have a disability?: Yes No If yes, please describe: _____

Cultural/Ethnic Background:

- African/Afr Am Asian/As Am White/Caucasian Hispanic/Latinx American Indian Multiracial Other

By signing below, you agree to the TERMS OF PARTICIPATION AND RELEASE OF LIABILITY.

Signature: _____ Date: _____

If the person you are registering is under 18 or considered a vulnerable adult, a parent or legal guardian must sign below.

Legal Guardian Name: _____

Signature: _____ Date: _____

TERMS OF PARTICIPATION AND RELEASE OF LIABILITY: I certify that the above information is true, accurate and complete. I recognize there is a significant element of risk in any adventure activity associated with the outdoors and I voluntarily assume that risk. Knowing the inherent risks and rigors involved, I certify that I am fully capable of participating in the Wilderness Inquiry (WI) activities and that I wish to do so as a voluntary participant. While participating in kayak and canoe activities, WI will provide a Coast Guard approved Personal Flotation Device (PFD) of the proper size and I agree to wear the properly fitted, serviceable PFD at all times when the vessel is in motion. In consideration of WI providing the Activities, I hereby release any claims for personal injury or property damage against WI (and its agents, employees, directors, officers, and volunteers), arising out of ordinary negligence. I also release such claims arising out of any act by anyone not under control of WI. This release of liability may not apply to any incidents occurring on lands administered by the National Park Service. I give permission to WI and involved program partners to use photographs and video for promotional purposes. I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me during the entire period of participation in Wilderness Inquiry activities. This agreement is governed by the laws of the State of Minnesota without applying its choice of law provisions. If any minor children will be accompanying me, I make the same certification and provide the same release on their behalf. If I am a minor, by signing below my parent or legal guardian makes this certification and provides this release on my behalf.

Wilderness Inquiry offers additional programs that may be of interest to you.

Please select the following areas of interest to receive more information by mail or email:

- ___ Send me more information about Wilderness Inquiry Adventure trips for myself or my family
___ Send me more information about custom trips for my group, i.e. church, school or corporate team
___ Send me more information about volunteering with Wilderness Inquiry locally and nationally