

# Registration

- You may register for trips by phone, by mail, or online at [www.wildernessinquiry.org/register](http://www.wildernessinquiry.org/register)
- Complete this registration form and return it with a deposit of 25% of the trip fee (you may also do this online). Once your space is confirmed, we will send you a confirmation packet with relevant trip information (equipment list, itinerary, departure information, etc.).
- Please enclose a check or money order payable to Wilderness Inquiry for the appropriate non-refundable deposit, or complete the credit card information on this form. The balance of your trip fee is due no later than 6 weeks before your trip. Please do not send cash by mail.
- We recommend that you check our website, call, or e-mail us to determine the status of the trip you are interested in. If the trip you register for is full, or if we cannot accommodate you for whatever reason, we will promptly refund all fees.
- Most people can successfully participate on our trips. If you have questions about your ability to participate, please call us. If we have any questions, we will contact you.

Please print clearly and complete the form below.

**OR register online at [www.wildernessinquiry.org/register](http://www.wildernessinquiry.org/register)**

Return one completed form per person to:



808 14th Avenue SE  
Minneapolis, MN 55414

In the Twin Cities, call:  
**612-676-9400**  
Outside the Twin Cities:  
**800-728-0719**

You may FAX your trip registration to:  
**612-676-9401**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: WORK (\_\_\_\_\_) \_\_\_\_\_ HOME (\_\_\_\_\_) \_\_\_\_\_  
CELL (\_\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

## DATES AND DESCRIPTION OF TRIP YOU ARE REGISTERING FOR

Trip Name \_\_\_\_\_ Dates \_\_\_\_\_

## CONFIDENTIAL HEALTH & EMERGENCY INFORMATION - Please answer all questions thoroughly!

Wilderness Inquiry serves people of all abilities. We ask the following confidential questions to get a better understanding of you. These questions do not reflect what your actual trip activities will be.

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female Weight \_\_\_\_\_ Height \_\_\_\_\_

### Please rate the following:

I exercise (1 = never; 5 = every day) . . . . . 1 2 3 4 5  
My upper body strength is (1 = poor; 5 = excellent) . . . . . 1 2 3 4 5  
I can independently walk or ambulate 1/2 mile over rough terrain. (1 = unable; 5 = easily) . . . . . 1 2 3 4 5  
I can lift 25 lbs. and carry it 100 yards. (1 = unable; 5 = easily) . . . . . 1 2 3 4 5  
My general physical condition is (1 = poor; 5 = excellent) . . . . . 1 2 3 4 5

Do you have any sensory, physical, cognitive or emotional disabilities?  No  Yes - If yes, list them and state how they affect you. Please be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking prescription medications?  No  Yes - If yes, please list their names and describe what they are for.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you use a wheelchair, crutches, or other assistive devices?  No  Yes - If yes, please list them: \_\_\_\_\_

\_\_\_\_\_

Check any boxes that apply to you and describe below:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Allergy to bee stings  | <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Ear perforation  | <input type="checkbox"/> Incontinence   |
| <input type="checkbox"/> Allergy to medications | <input type="checkbox"/> Dysreflexia          | <input type="checkbox"/> Food allergies   | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Arthritis              | <input type="checkbox"/> Decubitus ulcers     | <input type="checkbox"/> Hepatitis A or B | <input type="checkbox"/> Seizures       |
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Dietary restrictions | <input type="checkbox"/> HIV/AIDS         |   |

If you checked any of boxes above, please explain more fully here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY INFORMATION**

Your health insurance provider \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: PRIMARY (\_\_\_\_\_) \_\_\_\_\_ SECONDARY (\_\_\_\_\_) \_\_\_\_\_

**OPTIONAL INFORMATION**

We are sometimes asked for the following information about people we serve. Your response will not affect your participation in Wilderness Inquiry programs.

How did you hear about Wilderness Inquiry? \_\_\_\_\_

What is your previous wilderness experience?  Very experienced  Some experience  Beginner

What is your occupation? \_\_\_\_\_ Your employer? \_\_\_\_\_

Ethnic Background:  White/Caucasian  Afr/Afr Amer  Asian/As Amer  Hispanic/Latino/a  Amer Indian  Multiracial  Other

**TRIP FEES**

Trip fee . . . . . \$ \_\_\_\_\_

Do you want to use WI's van transportation?  Yes  No  Unsure

If yes, and you know the fee, please include it here . . . . . \$ \_\_\_\_\_

If unsure or you do not know fee, leave space blank and we will contact you.

Total registration fee \$ \_\_\_\_\_

Enclosed payment is:  Total fee OR  25% deposit

Enclosed amount \$ \_\_\_\_\_

*Balance of total fee will be due 6 weeks before trip departs.*

**METHOD OF PAYMENT**

- Check is enclosed
- Credit card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. date \_\_\_\_/\_\_\_\_ 3-digit CCV \_\_\_\_\_
- I did not enclose payment because I am applying for financial aid.
- Please call me for my credit card information.



**RELEASE OF LIABILITY: Please read carefully and sign below if you agree to all of the terms.**

I certify that the above information is true, accurate and complete. I recognize there is a significant element of risk in any adventure sport and/or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved, I certify that I and/or my family (including any minor children and/or legal ward(s)), are fully capable of participating in the activities, and wish to do so as voluntary participants. In consideration of Wilderness Inquiry (hereafter referred to as "WI") providing this adventure sport or outdoor opportunity to me and/or my family and/or my legal ward(s), I hereby waive, release and discharge all actions, claims and demands for bodily injury, personal injury and/or property damage that may hereafter accrue against WI, its employees, agents, sponsors or assigns arising out of ordinary negligence. I further agree that except in the event of WI's gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action against WI, its employees, agents, sponsors or assigns. This agreement shall be governed by and construed in accordance with the laws of the State of Minnesota, exclusive of Minnesota's choice of law provisions. I give permission to WI to use photographs taken of me 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.

Signed: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SIGN ABOVE.** This form must be signed before participating in any Wilderness Inquiry programs. If you are under 18, or if you are considered a vulnerable adult, your legal guardian must sign.