

Canadian Wilderness Walkabouts Participation Form

Date: _____

Last Name _____ First Name _____

Date of Birth (Year/Month/Day) _____ Height _____ Weight lb/kg _____

Participant's Address

Street No./Apt No./P.O. Box _____

Town/City _____ Province/State _____

Postal Code/Zip Code _____ Country _____

Phone No. _____ Email _____

Emergency Contact

Name _____ Relationship to Participant _____

Phone Number _____ Email _____

Address _____

Allergies and Severity of Allergy _____

Medications, pre-existing health problems or medical conditions, or any other information you wish to disclose to Canadian Wilderness Walkabouts.

Photo Release: Canadian Wilderness Walkabouts and Jessica Bjorkman are able to use my photo or likeness in promotional material and as artwork both for profit and non-profit. Please check one below.

Yes _____

No _____

I understand the information in this document will be shared with emergency services in the event of an emergency.

Signature of Participant OR Parent/Guardian if under age of majority _____