

Adirondack Adventure 2024 Registration Form

August 16-19 For Women



	Name	Date	
	Address	Email	
	Adventure Dates	Contact Number	

Please submit along with your completed registration form:

- \$350 deposit if registering before July 1 (e-transfers only)
- Full payment of \$750 if registering after July 1st*
- Copy of travel insurance for adventure dates
- Copy of a valid passport ID

*no refunds after July 1st

	Emergency Contact	Phone Number
	Medical Doctor	Phone Number

OHIP Number _____

Medical Conditions _____

Allergies _____

Experience camping or hiking _____

Any additional information _____

I certify, to the best of my knowledge, (I am) in sufficiently good health to participate actively in this retreat and, should this condition change at any time before or during the retreat, I will notify Beth immediately. Beth Sturdevant or any other person available to help, has my permission to call Emergency 911 and/or to send me to a hospital or emergency care facility, and the hospital and medical staff have my authority to provide emergency treatment deemed necessary for my well being. In the interim of waiting for an emergency medical responder, I agree to allow certified CPR/First Aid instructors to administer emergency CPR/First Aid on me until the appropriate emergency medical responder has arrived.

Full Name

Signature