

  
**DISCOVER THE WORLD OF PANTERRA**

**PARTICIPANT INFORMATION FORM**  
(the name on this form must match the name on your passport)

**PLEASE PRINT CLEARLY** and provide **ALL** information required. The information below is considered confidential.

PROGRAM: **Journey to the Sea of Cortez**

PROGRAM DATE: \_\_\_\_\_

**PERSONAL INFORMATION**

NAME OF SCHOOL/ORGANIZATION: \_\_\_\_\_

IS THE PARTICIPANT A: TEACHER/ SUPERVISOR: \_\_\_\_\_ STUDENT: \_\_\_\_\_ PARENT/ SUPERVISOR: \_\_\_\_\_ OTHER: \_\_\_\_\_

SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS/CITY/PROVINCE/POSTAL CODE: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ HEIGHT/WEIGHT: cm \_\_\_\_\_ /kg \_\_\_\_\_ ADULT T-SHIRT SIZE: \_\_\_\_\_

BIRTH DATE (D/M/Y): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CITIZENSHIP: \_\_\_\_\_

SNORKEL INFO: shoe size: \_\_\_\_\_ head size: s/m/lg \_\_\_\_\_ Have you snorkeled before, how many times? \_\_\_\_\_

How do you rate your swimming ability? Excellent/good/fair/poor \_\_\_\_\_

EXPERIENCE OR CERTIFICATES HELD \_\_\_\_\_

**CONTACT IN THE EVENT OF AN EMERGENCY**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ WORK NUMBER ( ) \_\_\_\_\_

**HEALTH INFORMATION**

1. DIETARY RESTRICTIONS: What types of foods are NOT eaten? \_\_\_\_\_

2. ALLERGIES: Please list all known types of allergies to FOODS, MEDICATIONS, PLANTS and ANIMALS.  
Please indicate: severity of reaction, medication required, will you be carrying it with you on the trip, or if the food can be eaten in any other forms (i.e. Milk in baked goods)

3. Do you have any CONDITIONS or ILLNESSES such as diabetes, asthma, epilepsy, heart condition, etc. Please indicate: Severity of condition/illness, will it effect participation in any activities, medication required and will you be carrying it with you on the trip?

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4. In the **year preceding** the trip date, have you or will you be receiving treatment for an illness or injury? Please explain:

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5. In the **year preceding** the trip date, have you had or are you scheduled to have surgery? Please explain:

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6. Do you suffer from motion sickness? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, will you be taking any anti-nausea medication in the event of seasickness.? YES \_\_\_\_\_ NO \_\_\_\_\_ (It is the participants' responsibility to bring their own medications.)

7. Will you be wearing a MedicAlert bracelet or necklace? YES \_\_\_\_\_ NO \_\_\_\_\_

**PHOTO RELEASE**

I, hereby transfer to Panterra all rights whatsoever which the participant has in the photographs, videotape and motion pictures that Panterra or its agents has taken. I consent to the photographs, videotape and motion pictures for the purposes of publications or advertising. Panterra may transfer their rights in these photographs, videotape and motion picture to others and they may rely on this consent. YES \_\_\_\_\_ NO \_\_\_\_\_

**WAIVER**

**GENERAL INFORMATION:** Each trip has an information package outlining the program. For the benefit of the participant and their travel companions, we ask that the participant, and where applicable the authorizing parent/legal guardian, familiarize themselves with the information package thoroughly before departure. This information package includes:

- o 6 page "Program Outline - "Young Naturalist Expeditions 2010 - Journey to the Sea of Cortez"
- o 2 page "Participant Information Form" - due at time of the second payment, if not submitted on time or 30 days prior to the expedition date the participant will be denied access to the program expedition.
- o Panterra website at www.panterra.com

**LIABILITY:** We ask the participant, and where applicable the authorizing parent/legal guardian, to fully understand and accept the responsibility dealing with the risks connected to wilderness and adventure travel. We do not accept liability for any inconveniences, losses or damages suffered by participants in connection with Panterra. Should an accident or illness necessitate an evacuation of one or more members, evacuation expenses will be covered by the "Emergency Excess Hospital and Medical Expense" travel insurance purchased on your behalf by Panterra. It should be noted that unfit or uncooperative participants, whom in the judgment of the Panterra trip representative jeopardizes the stated purpose or safe operation of the trip, may be denied participation in all or part of the itinerary to include being sent home at the cost to the participant, and where applicable the authorizing parent/legal guardian.

**RESPONSIBILITY:** The participant, and where applicable the authorizing parent/legal guardian, is aware that adventure travel involves many inherent risks, dangers and hazards, and freely accept and fully assume all such risks, danger and hazards and the possibility of personal injury, death, and property damage or loss, resulting therefrom. The participant holds harmless Panterra, the directors, the employees, agents and representatives (the Releasees). The participant further releases any and all liability for any loss, damage, injury, or expenses that the participant may suffer or that their next of kin, may suffer as a result of the participants participation in the trip, or their use of equipment or facilities due to any cause whatsoever, on the part of the Releasees. Panterra reserves the right to alter any itinerary or service at anytime without penalty to the organizer. Panterra reserves the right to refuse participation in the expedition should the participant have a medical condition that threatens the health, well being or safety of his/her or the other participants, staff or crew. It is the responsibility of the parents and teachers to contact Panterra upon diagnosis of the condition. It is the responsibility of the parent/legal guardian to insure all necessary paperwork for entry into the US and Mexico obtained for non-Canadian citizens. Panterra reserves the right to increase the program fee equal to and in the event of a US/Canadian/Pesocurrency change of more than 10%. Panterra does not take responsibility for any events beyond its' control. If you have any questionsconcerning the program or do not understand any of the written information please contact our office at 1-800-665-6639.

**INSURANCE:** It is highly recommended that participants purchase a "Travel Cancellation/Interruption Insurance" to cover any unforeseen circumstances that may cause the cancellation of their son/daughter's participation in the program. Please contact our office for more information or refer to our website,"Young Naturalist Expeditions - Journey to the Sea of Cortez - Frequently Asked Questions".

I, in the case of a minor, the authorizing parent/legal guardian, have provided the necessary information in this 2 page Participant Information Form, and further agree to the conditions set out in this Participant Information Form and the Program Outline 2010.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_