



Adventure Learning Experiences Inc.

"Where Service and Leadership come together"

60 Southgate Crescent, Richmond Hill, ON L4B 2E5 TICO#: 50021706

Ph: 905-731-8183 E-Mail: info@adventurelearningexperiences.com

Fax: 416-465-7791 Website: www.adventurelearningexperiences.com

Paris & L'Arche Retreat Program November 18 - 27, 2016

Forms Package

Please complete and sign the following **3 forms** and submit no later than **October 15, 2016**

Please mail to:

**Adventure Learning Experiences Inc.
Attention: Jen Wilson
41 Kimbourne Ave.
Toronto, ON
M4J 4J1**

or e-mail to info@adventurelearningexperiences.com

NOTE: If you do not have your medical travel insurance purchased by the above deadline, please submit the remainder of the forms by the deadline and send in your medical travel insurance information as soon as you receive it.

**FORM 1 - Paris and L'Arche Retreat 2016
November 18-27, 2016 inclusive**

Name (print) _____

Address _____

Home Phone _____

Cell Phone _____

Email _____

Acknowledgment and Agreement

I, my heirs and executors, absolve absolutely and release Adventure Learning Experiences Inc., their officers, directors, employees, and agents from any responsibility for any personal injury, material loss, or any liability whatsoever that I might suffer from my participation in any portion of this trip within the dates indicated above, including but not limited to transportation, events, and programs in connection with the same.

I have carefully read the foregoing and by my signature done at

_____ (city) on this _____ (day) of _____ (month), 20__

I agree to be bound by its contents.

Signature of traveller or parent/guardian: _____

Consent to Medical Attention and Treatment

In case of emergency, I hereby consent, when it is impractical to communicate with me, to arrange for me to receive such medical treatment or surgical treatment procedures deemed by a qualified medical practitioner to be necessary for my health and welfare, including the administration of an anesthetic and the performance of any operation during the period described above.

I also undertake to pay all costs, which may be incurred for my medical attention, ambulance transportation, and medications.

Name (print) _____

Signature of traveller or parent/guardian: _____ Date: _____

FORM 2 - Insurance Coverage

Medical Coverage

It is essential that all participants have out-of-province/out-of-country emergency medical insurance coverage. This will cover the costs of medical care, hospital costs, medications, and emergency assistance. Also, be aware of any restrictions defined by policy exclusions for 'pre-existing conditions'.

Trip Cancellation and Trip Interruption Protection

It is highly recommended that all participants be insured for cancellation protection prior to the trip, and to be very careful in understanding the reasons deemed valid in your policy coverage. Trip Interruption protection may be of assistance during the trip.

Baggage, Flight Accident, and Personal Injury Insurance

There are a number of ancillary types of insurance that are also available upon request.

Insurance Packages

These insurances may be purchased individually, or packaged and sold at a reduced price using such descriptors as Comprehensive, Deluxe, or All-Inclusive Plans. It is important to know exactly what your plan covers before purchasing.

Private Plans

Families may already have pre-existing coverage through employment benefit plans, credit card companies, etc. Please review such plans to determine any pre-existing coverages.

Purchase

Feel free to purchase your coverage from one of the many providers, such as banks, etc. Alternatively, Adventure Learning Experiences Inc. will give you, upon request, the contact information for an independent provider that we frequently use, named **TIC Travel Insurance Coordinators Ltd.**

Insurance Waiver

Name of traveller: (print) _____ Date of Birth: _____

I understand that Medical Insurance Coverage is mandatory for my own and/or my child's participation in this program offered by Adventure Learning Experiences Inc. I also understand that Trip Cancellation and Trip Interruption Insurance is highly recommended as well.

Please indicate your intention by checking the appropriate box:

1. I intend to purchase such insurance(s) through TIC Travel Insurance Coordinators Inc. and ask that you send me its contact information.
2. I decline the insurance information offered by Adventure Learning Experiences Inc., and agree to provide my own private coverage.

Signature of Traveller or Parent/Guardian: _____ Date: _____

Medical Insurance Policy

Company: _____

Policy Number: _____

Contact Information: _____



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FORM 3 - Travel Health Information

This is intended to assist a qualified medical practitioner, in case of emergency, in effectively serving your health needs. All information will be held in strict confidence and will only be shared between the leaders and attending health care officials.

Note: Please bring your **Immunization Record** with you on the trip.

Full Name _____ Date of Birth _____

Health Card Number _____ Family Doctor _____

Doctor's Phone number _____ Doctor's Email _____

a) Do you have any health conditions that you feel are important for the leaders to know?

b) Are you currently on any medications that you feel are important for the leaders to know?

c) Is there any other information, which you feel would be important for the leaders to know relative to your personal health needs?

d) Are there any dietary restrictions that you would like us to be aware of?

| Emergency Contacts: | |
|---------------------|--------------------|
| Name _____ | Name _____ |
| Relationship _____ | Relationship _____ |
| Phone _____ | Phone _____ |
| Email _____ | Email _____ |
| Address _____ | Address _____ |
| _____ | _____ |
| _____ | _____ |