



Welcome to Wilderness Inquiry! By signing this acknowledgment of risk, you are one step closer to a great outdoor adventure with Wilderness Inquiry. Thank you for your participation!

Participant Information

Participant Name: _____ Date of Birth: ____/____/____ Age: _____

Gender Identity: ☐ Man/Boy ☐ Woman/Girl ☐ Non-binary/Genderqueer ☐ Prefer not to disclose

Address: _____ City: _____ State: _____ Zip: _____

Participant Email Address: _____ Participant Cell: (____) _____

Has the participant had a seizure or blackout in the last 6 months? ☐ Y ☐ N

Our mission is to serve people of all ages, abilities, and backgrounds. The following questions are for reporting purposes only.

All participant data and contact information is kept confidential.

Does the participant have a disability? ☐ Yes ☐ No If yes, please describe: _____

Participant Race:

- | | | | |
|---|---|---|---|
| ☐ African American | ☐ Black | ☐ Multiracial | ☐ White |
| ☐ Alaskan Native | ☐ Biracial | ☐ Native American | ☐ Race(s) not listed |
| ☐ Arab American/Middle Eastern/North African | ☐ Hispanic | ☐ Native Hawaiian | ☐ Prefer not to disclose |
| ☐ Asian/Asian American | ☐ Latina/Latino/Latinx | ☐ Pacific Islander | |

Has the participant or an immediate family member served/currently serves on active duty in the U.S. Armed Forces, Military Reserves, or National Guard?

☐ Yes ☐ No/Prefer Not to Disclose

If yes, select all that apply: ☐ Participant is currently serving ☐ An immediate family member is currently serving
☐ Participant is a veteran ☐ An immediate family member is a veteran

Parent/Guardian Information (if participant is under the age of 18 or under legal guardianship):

Parent/Guardian First & Last Name: _____

Email Address: _____ Cell Phone: (____) _____

By signing below, you agree to the TERMS OF PARTICIPATION AND ACKNOWLEDGMENT OF RISK.

Participant Signature: _____ Date: _____

If the participant is under 18 or under legal guardianship, a parent or legal guardian must sign below.

Parent/Guardian Signature: _____ Date: _____

TERMS OF PARTICIPATION AND ACKNOWLEDGMENT OF RISK: I certify that the above information is true, accurate and complete. I recognize there is a significant element of risk in any adventure activity associated with the outdoors and I voluntarily assume that risk. Knowing the inherent risks and rigors involved, I certify that I am fully capable of participating in the Wilderness Inquiry (WI) and any partnering organization activities and that I wish to do so as a voluntary participant. In consideration of WI providing the Activities, I agree to assume full responsibility for the inherent risks involved which may include, but is not limited to, personal injury, death, or property damage due to inclement weather; hazardous terrain and waterways; navigation; medical emergency; and/or hazardous flora/fauna. While participating in kayak and canoe activities, WI will provide a Coast Guard-approved Personal Flotation Device (PFD) of the proper size and I agree to wear the properly fitted, serviceable PFD at all times when in the vessel. I give permission to WI and involved program partners to use photographs and video for promotional purposes. I acknowledge that I may be asked questions, written or verbal, for evaluation purposes. I agree to make myself aware of and follow all COVID-19 and other safety policies and protocols while traveling with/for WI and will take responsibility for any expenses incurred if I should become ill or unable to continue the trip. 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 WI activities. This agreement is governed by the laws of the State of Minnesota without applying its choice of law provisions. If any minor children will be accompanying me, I make the same certification on their behalf. If I am a minor, by signing below, my parent or legal guardian makes this certification on my behalf.

Wilderness Inquiry offers additional programs that may be of interest to you. Please send more information on:

- ☐ General trips ☐ Family trips ☐ Private/Custom trips ☐ Volunteering with Wilderness Inquiry



Registration & Acknowledgment of Risk (*continued*)

ADDITIONAL PARTICIPANTS: List additional participants below who live at the same address as listed on front.

Name: _____ DOB: ____/____/____ Age: _____

Gender Identity: ☐ Man/Boy ☐ Woman/Girl ☐ Non-binary/Genderqueer ☐ Prefer not to disclose

Disability? ☐ Y ☐ N If yes, please describe: _____ Seizure or blackout in last 6 months? ☐ Y ☐ N

Participant Race:

- | | | | |
|---|---|---|---|
| ☐ African American | ☐ Black | ☐ Multiracial | ☐ White |
| ☐ Alaskan Native | ☐ Biracial | ☐ Native American | ☐ Race(s) not listed |
| ☐ Arab American/Middle Eastern/North African | ☐ Hispanic | ☐ Native Hawaiian | ☐ Prefer not to disclose |
| ☐ Asian/Asian American | ☐ Latina/Latino/Latinx | ☐ Pacific Islander | |

Has the participant or an immediate family member served/currently serves on active duty in the U.S. Armed Forces, Military Reserves, or National Guard?

☐ Yes ☐ No/Prefer not to disclose

If yes, select all that apply: ☐ Participant is currently serving ☐ An immediate family member is currently serving
☐ Participant is a veteran ☐ An immediate family member is a veteran

Name: _____ DOB: ____/____/____ Age: _____

Gender Identity: ☐ Man/Boy ☐ Woman/Girl ☐ Non-binary/Genderqueer ☐ Prefer not to disclose

Disability? ☐ Y ☐ N If yes, please describe: _____ Seizure or blackout in last 6 months? ☐ Y ☐ N

Participant Race:

- | | | | |
|---|---|---|---|
| ☐ African American | ☐ Black | ☐ Multiracial | ☐ White |
| ☐ Alaskan Native | ☐ Biracial | ☐ Native American | ☐ Race(s) not listed |
| ☐ Arab American/Middle Eastern/North African | ☐ Hispanic | ☐ Native Hawaiian | ☐ Prefer not to disclose |
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☐ Participant is a veteran ☐ An immediate family member is a veteran