

CONFIDENTIAL MEDICAL INFORMATION

Your place on a NorthWinds' expedition is confirmed when we receive all forms, filled out and signed. This medical form is a way to ensure a safe experience for you, appropriate to your level of physical fitness. If we have any question about your capability to complete the program, we will call and discuss it with you.

(Office Use Only: Medical approved by _____)

1. Name _____ Expedition _____
 Street _____ City _____ Prov. _____ Postal Code _____
 Home phone _____ Business Phone _____
 Age _____ Birthdate _____ Height _____ Weight _____ Male _____ Female _____
2. Family Physician _____ Phone _____
 Street _____ City _____ Prov. _____ Postal Code _____
3. Person to be notified in case of illness or injury _____
 Street _____ City _____ Prov. _____ Postal Code _____
 Home Phone _____ Relationship _____
 Business Phone _____

EACH PARTICIPANT IS RESPONSIBLE FOR ANY MEDICAL EXPENSES AND SHOULD BE COVERED BY THEIR OWN SICKNESS AND ACCIDENT INSURANCE.

Do you have medical insurance coverage? Yes ___ No ___

Name of Insurance Company _____

Policy Number _____

Address _____

Phone _____

MEDICAL HISTORY

We urge you to be completely thorough in providing NorthWinds with the information requested. Failure to disclose such information could result in serious harm to the applicant and his/her fellow participants. If you arrive at the program start with a pre-existing condition or injury that is not indicated on your medical form, you may not be allowed to participate.

IF YOU CHECK YES TO ANY QUESTION BELOW, DESCRIBE PROBLEMS IN DETAIL ON THE RIGHT SIDE OF PAGE.

1. Give a brief statement of your general health: -

- | | Check one | Comments |
|---|------------------|-----------------|
| 2. Do you have any present medical problems? (Describe) | Yes ___ No ___ | |
| 3. Are you taking any medication? (List all medications and dosages) | Yes ___ No ___ | |
| 4. Have you had serious childhood illnesses? | Yes ___ No ___ | |
| 5. Do you have a current tetanus immunization? (Must be within last 10 years) | Yes ___ No ___ | |
| 6. Have you had any surgeries? (Give dates) | Yes ___ No ___ | |
| 7. Are you allergic to any of the following? (Please list all allergies and severity of reaction) | | |
| Medication | Yes ___ No ___ | |
| Food | Yes ___ No ___ | |
| Insect bites | Yes ___ No ___ | |
| Other | Yes ___ No ___ | |

(over)

	Check one	Comments
8. Do you smoke? If so, how much?	Yes ___ No ___	
9. Have you had or do you have a substance abuse problem (alcohol, drugs)?	Yes ___ No ___	
10. Do you have problem with vision or hearing?	Yes ___ No ___	
11. Do you have motion sickness?	Yes ___ No ___	
12. Do you have high blood pressure? (Describe)	Yes ___ No ___	
13. Do you have heart murmurs, episodes of irregular heartbeat, shortness of breath or chest pain on exertion? (If so describe symptoms)	Yes ___ No ___	
14. Do you have asthma? If so has the condition been stable for the past year?	Yes ___ No ___	
15. Have you had or do you have ulcers, heartburn, or other intestinal problem?	Yes ___ No ___	
16. Do you require a special diet?	Yes ___ No ___	
17. Do you have any eating disorders, anorexia, bulimia, hypoglycemia?	Yes ___ No ___	
18. Have you had hepatitis or jaundice? (If so, give date)	Yes ___ No ___	
19. Do you have chronic bladder infections, difficulty with urination, bed wetting or other bladder or kidney problems? (Describe)	Yes ___ No ___	
20. Do you have seizure: (describe severity and frequency) if not listed above, list medications and dosages taken for seizures.	Yes ___ No ___	
21. Do you suffer from severe headaches, dizziness or fainting? (Describe)	Yes ___ No ___	
22. Do you have claustrophobia, agoraphobia, acrophobia? (Strong fear of confined places, open areas, heights)	Yes ___ No ___	
23. Do you have problems with your neck, back, arms, ankles or knees that limit your activities? (Describe)	Yes ___ No ___	
24. Do you have bleeding problems?	Yes ___ No ___	
25. Do you have diabetes, thyroid trouble or other endocrine problems?	Yes ___ No ___	
26. Do you have chronic skin problems (rashes, sun sensitivity, etc.)?	Yes ___ No ___	
27. Have you had frostbite or a reaction to cold temperatures? (Describe)	Yes ___ No ___	
28. Have you suffered from muscle cramps, heat exhaustion or had other reactions to warm temperatures?	Yes ___ No ___	
29. For females: Do you have premenstrual or menstrual problems?	Yes ___ No ___	
Are you pregnant?	Yes ___ No ___	
30. Does your health prevent you from participating in any physical activities?	Yes ___ No ___	
31. Have you ever been under treatment of a psychologist or psychiatrist?	Yes ___ No ___	
If "YES" are you currently under treatment?	Yes ___ No ___	
Under treatment within the last two years?	Yes ___ No ___	
Reason for treatment: Family Issues ___ Divorce ___ Career ___ Depression ___ Substance Abuse ___ Attempted Suicide ___ Academic ___ Other (describe) _____		
32. Please describe in detail what you do routinely to maintain fitness, mention activities and frequency:		_____

33. What is your swimming ability (for summer programs only)?	___ Non-swimmer,	
___ Can swim at least 100 yards, ___ Strong swimmer, ___ Hold current lifesaving certificate.		

If you are over 30 years of age and any of the following conditions apply to you, we STRONGLY SUGGEST that you discuss with your physician the advisability of taking a stress electrocardiogram. Check if applicable:

___ high blood pressure	___ long term sedentary lifestyle	___ family history of heart disease
___ prior cardiovascular disease	___ overweight or obesity	___ prior cardiovascular disease
___ smoke more than one pack of cigarettes daily		___ diabetic

Consent is hereby given for any emergency anesthesia, operation, hospitalization or other treatment that might become necessary. The information provided above is a complete and accurate statement of the physical and psychological factors, which may affect my participation on a NorthWinds expedition. I realize that failure to disclose such information could result in serious harm to fellow participants and myself and agree to indemnify and hold NorthWinds harmless if all relevant information is not disclosed.

_____ Date

_____ Applicant's signature

_____ Signature of Parent or Guardian (if under 18)

RELEASE FORM

NorthWinds Arctic Adventures Ltd.

Quality and Excellence in Arctic Adventures

PO Box 820, Iqaluit, Nunavut, Canada XOA OHO (867) 979-0551 fax: (867) 979-0573

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

PLEASE READ CAREFULLY. BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

TO: NorthWinds Arctic Adventures Ltd., it's officers, directors, employees, agents, representatives (all of whom are collectively referred to as "NorthWinds")

I AM AWARE that my participation on expeditions with NorthWinds involves exposure to many RISKS, DANGERS AND HAZARDS that may be greater or different than those I normally encounter. Such RISKS, DANGERS and HAZARDS include but are not limited to:

- (a) travel and survival in the wilderness;
- (b) inadequate physical fitness or endurance;
- (c) the use and operations of dog sleds/rafts;
- (d) changing weather conditions;
- (e) varying environmental conditions;
- (f) varying wilderness conditions;
- (g) possible encounters with and attacks by wild animals;
- (h) possible negligence on the part of fellow participants on the expedition;

I AM FURTHER AWARE THAT I may be exposed to RISKS, DANGERS and HAZARDS and the possibility of PERSONAL INJURY, DEATH, PROPERTY DAMAGE or LOSS resulting from such RISKS, DANGERS and HAZARDS.

I AGREE TO COMPLY WITH THE DIRECTIONS and INSTRUCTIONS of NorthWinds before and throughout the expedition.

IN CONSIDERATION of NorthWinds accepting my application and permitting my participation on the expedition, I HEREBY AGREE as follows:

1. TO ASSUME AND ACCEPT ALL AND ANY RISKS, DANGERS and HAZARDS arising out of, incidental to, or in any way connected with my participation on the expedition;
2. TO WAIVE ANY AND ALL CLAIMS, ACTIONS, COSTS, EXPENSES AND DEMANDS that I may have against NorthWinds;
3. TO RELEASE NorthWinds from any and all liability for any LOSS, DAMAGE, INJURY, or EXPENSE that I, or my next of kin, may suffer or incur as a result of my participation on the expedition;

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4. TO HOLD HARMLESS AND INDEMNIFY NorthWinds from any and all liability for property damage, personal injury or death suffered by myself or by a third party as a result of my participation on the expedition;
5. TO OBEY ALL DIRECTIONS AND INSTRUCTIONS from NorthWinds before and throughout the expedition;
6. THAT MY LEVEL OF PHYSICAL FITNESS AND ENDURANCE IS ADEQUATE for my participation on the expedition;
7. THAT I HAVE TO THE BEST OF MY KNOWLEDGE, COMPLETED the NorthWinds Confidential Medical History Form and that NorthWinds will rely upon the medical information disclosed therein;
8. If I deem necessary, TO VERIFY WITH MY PHYSICIAN to ensure that I do not have any physical or psychological problems which could create undue risk to myself or fellow participants on the expedition;
9. THAT THIS RELEASE AND INDEMNITY AGREEMENT SHALL BE EFFECTIVE AND BINDING upon my heirs, next of kin, executors, administrators, and assigns, in the event of my death.
10. I AGREE THAT THE LAWS OF THE NUNAVUT TERRITORY govern this contract and that any legal concerns will be handled in the competent and fair courts in Iqaluit, Nunavut, Canada

I have read and understood this release and indemnity agreement prior to signing it. I am aware that by signing below, I am affecting my legal rights and liabilities and the legal rights and liabilities of my heirs, next of kin, executors, administrators and assigns in relation to NorthWinds.

Expedition Name & Date

(Print) Participant's Name

(Sign) Witness

(Sign) Participant's Name
