

# The Boat Company – Passenger Registration & Release

How did you hear about us? \_\_\_\_\_

Passenger #1 \_\_\_\_\_ Nickname: \_\_\_\_\_  M  F Birthdate: \_\_/\_\_/\_\_

Passenger #2 \_\_\_\_\_ Nickname: \_\_\_\_\_  M  F Birthdate: \_\_/\_\_/\_\_

If you are traveling with children – please give us their names and birthdates:

#3 \_\_\_\_\_  M  F Birthdate: \_\_/\_\_/\_\_ #4 \_\_\_\_\_  M  F Birthdate: \_\_/\_\_/\_\_

#5 \_\_\_\_\_  M  F Birthdate: \_\_/\_\_/\_\_ #6 \_\_\_\_\_  M  F Birthdate: \_\_/\_\_/\_\_

(If you are not the parent/guardian of minor children listed here, your signature below indicates that you have their parent's/guardian's permission)

**Year-Round Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**(Final documents will be mailed to this address 30 days prior to trip departure)**

Home Ph: ( ) \_\_\_\_\_ Work Ph: ( ) \_\_\_\_\_ Cell Ph #1: ( ) \_\_\_\_\_

Cell Ph #2: ( ) \_\_\_\_\_ email: \_\_\_\_\_

## Please complete this section to help us provide the best service:

Allergies (to what, and who has the allergy?): \_\_\_\_\_

\_\_\_\_\_

Does the allergy require an epi-pen  No  Yes – If Yes, are you bringing an epi-pen?  No  Yes

Other medical conditions (i.e. knee/hip replacements, pacemaker, diabetes) \_\_\_\_\_

\_\_\_\_\_

Any difficulty walking, wading, climbing stairs & ladders or stepping over the side of small boats?  No  Yes

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**During your trip, we'll be offering lots of opportunities for hiking, kayaking, fishing, photography, wildlife & glacier viewing and simply relaxing.**

What are you MOST interested in: \_\_\_\_\_

If you're an avid fly-fisher, are you bringing your own equipment?  No  Yes

Emergency Contact (not traveling with you): \_\_\_\_\_

Relationship: \_\_\_\_\_ phone: (\_\_\_\_\_) \_\_\_\_\_



I have read the Medical Release & Cancellation Policy (on reverse), and the attached Contract of Passage. I have authority to accept them on behalf of everyone listed on this form.

Signature \_\_\_\_\_ date \_\_\_\_\_

## Medical Release

I have read the information pertaining to the cruise through Southeast Alaska, which has been designed and is being conducted by The Boat Company.

I understand that there are inherent dangers and risks that may occur on the trip, known or unknown, relating but not limited to air, bus, car and ship travel, nature walks and hikes, water craft activity and swimming, accidents and/or illness, as well as acts of nature, man or God. I further understand that I may engage in as much or as little activity as I wish, and that by choosing to participate in any activity I am representing to The Boat Company that the activity is appropriate for me, given my age, health and fitness level.

I understand that the Boat Company maintains an open, bar for guests 21 and over, and I accept responsibility for myself and my party.

The Boat Company urges passengers to check medical coverage to make sure it is adequate (hospital facilities are often remote). I understand that The Boat Company is not responsible for providing any medical care, except for general first aid to passengers aboard its boats, and that I will be responsible for the cost of any emergency medical treatment.

I declare that the information provided on the reverse side is true and correct to the best of my knowledge. I acknowledge that I have received and read The Boat Company's Contract of Passage, and I agree to be bound by its terms.

## Cancellation Policy

**The Boat Company is a non-profit organization** dedicated to promoting conservation in general - with special emphasis on Southeast Alaska. Because of this (and unlike large cruise ships, which carry hundreds of passengers) The Boat Company balances income against the expense of maintenance and operations. Cancellations reduce our ability to break even. Therefore, your deposit and any payments are fully refundable (less a \$500 per person processing fee) if The Boat Company receives your written notice of cancellation prior to December 1, of the year before your trip.

Cancellations after December 1<sup>st</sup> are non-refundable and non-transferable unless your reservation is re-sold at the same price (less a \$500 per person processing fee). If you must cancel and do not have anyone who can take your space, we will do our best to re-sell it for you, but we cannot guarantee resale. In view of our need for such a strict cancellation policy, we recommend the purchase of travel insurance. We have included contact information for several different insurance companies here. Feel free to choose one of these, or any other plan that best meets your needs.

Access America – 800-729-6021

CSA Travel Protection – 800-348-9505

Global Underwriters – 800-423-8496

HTH worldwide – 866-501-3254

International Medical Group – 800-628-4664

Global Alert – 877-452-5378

Medex 800-537-2029

MedJet Assist – 800-963-3538

Multi National (Lloyds) 888-859-4181

Nationwide – 800-335-0611

Travel Guard – 800-826-4919

Travel Insured – 800-243-3174

Travelex – 888-457-4602

Travel Safe – 800-523-8020

**Please note** – The Boat Company provides this list as a courtesy. We do not sell travel insurance. For assistance we recommend calling **Carole Hoover** @ Consolidated (800) 886-3310 ext. 2766

If faxing this form – you do not need to fax this side of the document.