Novybution Co.

NORTHWEST NAVIGATION CO, INC.

Emergency Contact, Health Form and Liability Waiver

PO Box 1431 Bellingham, WA 98227

or email to: Sarah@northwestnavigation.com

Please fill out the form below & send it to our office 1 month before your departure date. Passenger Information:						
Cruise Dates:						
First Name:	Last Name:					
Address:						
City:	State / Province:					
Zip / Postal Code	Country:					
Email:						
Cell Phone:	Other Phone:					
Emergency Contact Information:						
Name:	Relationship:					
Address:						
City:	State / Province:					
Country:	Email:					
Cell Phone:	Other Phone:					
Doctor's Name:	Phone:					
Insurance Company:						
Policy Number:						
Travel Insurance Policy Number:						
Health Information:						
Please describe any known health conditions you have that might affect you during the trip or that						
might affect any emergency treatment.						

In case of an emergency do you have any allergies, religious convictions or legal arrangements that we need to know about prior to emergency treatment? If yes please explain:						
Plea	se list any dietary restrictions, especially foc	od alle	ergies, you have:			
Nam	ne of hotel if staying overnight before boardi	ng:				
Tell us a little about yourself To customize your experience aboard the David B it is helpful if we know a little bit about you before your trip. Please mark all the activities that interest you.						
	Hiking		Tide pooling			
	Kayaking		Geology			
	Photography		Wildlife			
	Bird watching		Museums			
	Botany		Shopping			
	Other					
Will you be celebrating a special occasion such as a birthday or anniversary? If so, is there something we can do to help make it special?						
Is there anything specific you would like to see or do while on the David B?						
Release of Northwest Navigation Co, Inc. and the M/V David B from liability.						
I understand that there are inherent risks involved in being on a boat, including <u>but not limited to</u> equipment failure, perils of the sea, acts of other participants, and adverse sea and weather conditions, and I hereby assume such risks.						
I understand that I have duty or exercise reasonable care for my own safety and I agree to do so.						
I assert that I am physically fit to be on a boat and I will not hold the <u>Vessel David B</u> and/or <u>Northwest Navigation Co. Inc.</u> or their employees, agents or other associated personnel						

responsible if I am injured as a result of ANY problems (medical, accidental or otherwise) which occur while participating in the trip.

I fully understand that the <u>Vessel David B</u> has limited medical facilities and that in the event of illness or injury, appropriate care may need to be summoned by radio and treatment may be delayed until I can be transported to a proper medical facility. I agree in advance to these conditions.

Northwest Navigation Co. Inc. and Vessel David B, have made no representations to me, implied or otherwise, that they or their crew can or will perform safe rescues or render first aid. In the event I show signs of distress or call for aid, I would like assistance and will not hold Northwest Navigation Co. Inc. nor Vessel David B, their crew or passengers responsible for their actions in attempting the performance or rescue of first aid.

I have read this agreement, understand it, and agree to be bound by it.

I, an	n registered to participate on a cruise hosted by		
Northwest Navigation Co. Inc. aboard the Vess	sel David B. I am reasonably physically fit and		
have disclosed all physical pre-conditions to Nort			
danger to my heath or to others. I am responsible			
I hereby release Northwest Navigation Co. Inc.	and its affiliates from any and all liabilities to me		
with respect to injury, illness or loss.			
Publication and Promotion Release: I hereby release any photograph taken of me for use in promotions and publications by Northwest Navigation Co. Inc. and the Vessel David B.			
Signature:	Date:		

Privacy Disclosure: Please note that **Northwest Navigation Co. Inc.** Does not share any information with other entities. All information disclosed will remain private.