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MORE DETAILS

PLEASE FILL OUT THIS FORM IF YOU HAVE ONLY COMPLETED THE ONE-PAGE APPLICATION IN OUR CATALOG. READ THE FOLLOWING CAREFULLY AND SIGN BELOW, ACKNOWLEDGING AGREEMENT TO THESE TERMS.

TERMS OF AGREEMENT

TUITION PAYMENT MUST BE BY CHECK OR MONEY ORDER MADE OUT TO "WILLIWAW ADVENTURES, LLC." TUITION IS ALL-INCLUSIVE, EXCEPT FOR TRAVEL TO AND FROM START AND END OF TRIP. BALANCE IS DUE ON MAY 15. YOU ARE ENTITLED TO A \$300 REFUND OF INITIAL DEPOSIT IF YOU WITHDRAW YOUR APPLICATION, IN WRITING, BEFORE MAY 15. THERE ARE NO REFUNDS FOR VOLUNTARY WITHDRAWAL OR DISMISSAL DUE TO BEHAVIOR THAT COMPROMISES THE SUCCESS AND SAFETY OF THE PROGRAM. WE RESERVE THE RIGHT TO CANCEL TRIPS FOR INSUFFICIENT ENROLLMENT, BUT THE APPLICANT WILL BE ENTITLED TO A COMPLETE REFUND, INCLUDING THE ENTIRE DEPOSIT. PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW, ACKNOWLEDGING THIS AGREEMENT.

PARTICIPATION & DAILY SCHEDULE

WE ARE AN ACTIVE WILDERNESS TRAVEL PROGRAM WHERE FULL PARTICIPATION IN ALL ACTIVITIES IS NECESSARY TO ENSURE THE SUCCESS AND SAFETY OF OUR EXPEDITIONS. OUR TRIPS ARE DESIGNED TO BE PROGRESSIVELY CHALLENGING, BUT MOVE AT A PACE THAT IS COMFORTABLE FOR ANYONE IN REASONABLE SHAPE. SINCE WE ARE OUTDOORS EACH DAY, WE MAKE USE OF ALL DAYLIGHT HOURS AND RISE EARLY MOST MORNINGS.

SAFETY & RISK

SAFETY IS THE PRIMARY CONCERN OF WILLIWAW ADVENTURES, LLC AND OUR SAFETY PROCEDURES AND STANDARDS ARE DESIGNED TO SAFEGUARD OUR PARTICIPANTS. HOWEVER, THERE ARE INHERENT RISKS INVOLVED IN ALL ADVENTURE ACTIVITIES DUE TO REMOTE TRAVEL AND THE UNPREDICTABLE FORCES OF NATURE. A SIGNED APPLICATION BY A PARENT/GUARDIAN ACKNOWLEDGES THESE RISKS AND RELEASES WILLIWAW ADVENTURES, LLC, ITS INSTRUCTORS, DIRECTOR AND SUBCONTRACTED BUSINESSES OF ALL LIABILITIES FROM PERSONAL INJURY AND LOSS/DAMAGE OF PROPERTY.

MEDICAL TREATMENT

THE PARENT/GUARDIAN AUTHORIZES WILLIWAW ADVENTURES, LLC STAFF TO ADMINISTER FIRST AID TO THE PARTICIPANT, AND AUTHORIZES MEDICAL TREATMENT IN THE EVENT OF AN EMERGENCY. A COMPLETED MEDICAL FORM MUST ACCOMPANY FINAL PAYMENT, AND A CURRENT HEALTH EXAMINATION BY A LICENSED PHYSICIAN IS REQUIRED. PAYMENTS FOR MEDICAL TREATMENT, MEDICATIONS AND/OR EMERGENCY TRANSPORT ARE THE RESPONSIBILITY OF YOUR FAMILY OR INSURANCE COMPANY.

ITINERARY CHANGES

WILLIWAW ADVENTURES, LLC RESERVES THE RIGHT TO MAKE CHANGES FROM THE ORIGINAL ITINERARY BASED IN THE INTEREST OF SAFETY OR A MORE SUCCESSFUL TRIP, OR IN THE EVENT OF SCHEDULING CONFLICTS.

PHOTO RELEASE

THE PARENT/GUARDIAN AUTHORIZES THE REASONABLE USE OF ANY AND ALL PHOTOGRAPHS OF MY CHILD BY WILLIWAW ADVENTURES, LLC, FOR PROMOTIONAL PURPOSES ONLY.

BELOW IS A COPY OF THE STUDENT'S & PARENT/GUARDIAN'S AGREEMENT AS IT APPEARS IN OUR APPLICATION.

I AM/MY SON OR DAUGHTER IS GENUINELY INTERESTED AND CAPABLE OF PARTICIPATING IN THIS PROGRAM AND WE RECOGNIZE ITS CHALLENGING NATURE. WE UNDERSTAND THAT ENTHUSIASM AND ALACRITY ARE ESSENTIAL TO A SUCCESSFUL EXPEDITION. WE ACKNOWLEDGE THAT BEHAVIOR THAT COMPROMISES THE SUCCESS OR SAFETY OF THE EXPEDITION, SUCH AS A NEGATIVE OR DISRUPTIVE ATTITUDE, UNWILLINGNESS TO PARTICIPATE IN ACTIVITIES OR THE FORMATION OF EXCLUSIVE RELATIONSHIPS, WILL RESULT IN DISMISSAL FROM THE PROGRAM. FURTHERMORE, WE UNDERSTAND THAT THE USE OF ALCOHOL, TOBACCO, OR ILLEGAL DRUGS WILL RESULT IN IMMEDIATE DISMISSAL, AT OUR EXPENSE, WITHOUT ANY TUITION REFUNDED.

STUDENT'S SIGNATURE _____

DATE _____

PARENT/GUARDIAN'S SIGNATURE _____

DATE _____