



Karamat Wilderness Ways

PO Box 483, Wildwood, Alberta, Canada T0E 2M0

Phone: 780-69-5898 Toll Free: 1-877-527-2628

www.karamat.com

Registration and Waiver Form

Course Name and Date: _____

Name: _____

Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

E-mail Address: _____

Residence Phone: _____ Business Phone: _____

Occupation: _____ Date of Birth: _____

Emergency Contact and Phone Number: _____

30% Deposit Payment:

☐ Paypal Invoice (can be a credit card as well as a paypal account payment-email required)

☐ Visa ☐ Mastercard ☐ Draft/Money Order ☐ e-transfer to karamat.orders@gmail.com

Visa/Mastercard Number: _____ Expiry Date: _____

Name on Card: _____

Read Carefully

I hereby accept all responsibility for any personal injury I may incur while attending any/all courses through Karamat Wilderness Ways and it's instructors. I acknowledge that they will not be responsible for any injury and/or loss that may occur to me.

I expressly agree and promise to accept and assume all of the risks existing in these activities/courses. My participation in these activities/courses is purely voluntary, and I elect to participate in spite of the risks which may occur but are not limited to tool related injuries or the handling of hides, obsidian or any other course material.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in these activities/courses, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly by such condition.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against Karamat Wilderness Ways or anyone acting on its behalf, on the basis of any claim from which I have released them herein.

Signature of Participant: _____ Date: _____

Print Name I Agree and accept the above waiver.