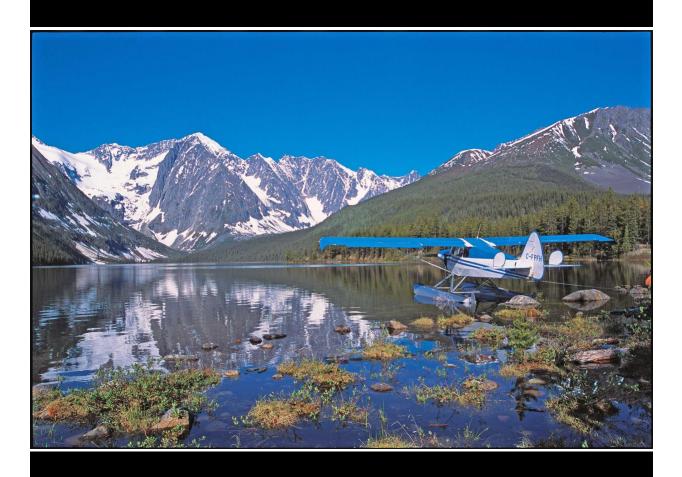
## SPATSIZI WILDERNESS LODGE

NORTHERN BRITISH COLUMBIA, CANADA





LIABILITY RELEASE & MEDICAL FORM

GPS Coordinates: 57°21'54.51"N / 127°51'45.14"W

WWW.THEFLYSHOP.COM





Dear Guests,

Our freshwater fisheries across North America are under threat of various invasive species including disease and parasites. Whirling disease, in particular, is one that all trout fishermen have probably heard of and it is one of the many potential environmental hazards we are endeavoring to keep out of our guiding area. Former guests can attest that the Spatsizi and areas we fish are truly pristine. The fish are abundant and healthy, and our waters clean and clear. This is how we would like to keep it.

Thus, in an effort to maintain the natural abundance, and health of our fish and waterways, we at Spatsizi Wilderness Vacations are taking precautionary measures to prevent the introduction of invasive species and disease into our waters. This will be a two-fold process.

1. Firstly, felt-soled wading boots are no longer permitted at the lodge. It has been proven that felt-sole boots are one of the main culprits in the spread of invasives from one waterway to another. Rubber-sole boots are the only alternative; however, we are fortunate that virtually all the locations we fish are gravel bottom and very easy to wade. This also makes studs unnecessary and we request that you keep your boots stud-free as the studs wear on our boats and planes. However, if you really feel the need to have studded boots, we would recommend you take a look at Korker brand wading boots. They have interchange-able soles (i.e., you can swap between a plain rubber sole and a studded rubber sole quite easily).

Another option would be to have a pair of sandals (or such) to wear with your waders while getting on the planes, then put your studded boots on upon arrival at your given destination.

2. Secondly, we will be providing a service to disinfect all wading boots and waders. Shortly after your arrival at Laslui Lodge we will be collecting your waders and boots to be disinfected while you enjoy a welcome lunch. This will involve a 1-2 minute soak in a very mild solution of 1 part bleach to 32 parts water as has been recommended to us by the Freshwater Fisheries Society of BC. Rest assured, this treatment will not damage your gear and is a vital practice to help safeguard our waters.

If you have any questions, please contact us.

Your understanding and cooperation is greatly appreciated.

Thank-you for helping us protect this wonderful area that we have the privilege to experience.

Sincerely, Spatsizi Wilderness Vacations



## Please Return to The Fly Shop

# SPATSIZI RIVER OUTFITTERS ASSUMPTION OF RISK AND RELEASE FROM LIABILITY

#### PLEASE READ CAREFULLY

I hereby acknowledge the fishing trip, sightseeing trip, camping trip, photography or other guided tour that I am participating in under the arrangements of **Spatsizi River Outfitters**, its employees, agents and associates, involves risks and danger which are inherent to wilderness travel, including but not limited to hazards of traveling by motorized vehicle, on horseback, by airplane and by boat; hazards of being exposed to the elements of nature; hazards of being and traveling in remote wilderness areas and hazards arising from accident, acts of God, illness and forces of nature.

I further accept and assume all risk of personal injury or death or loss or damage to property while participating in the said guided excursion, including negligence of **Spatsizi River Outfitters** and their employees, agents, and associates.

I acknowledge that I have read the foregoing, understand that I am relinquishing any and all rights that I, my heirs, executors, or administrators might otherwise have against **Spatsizi River Outfitters** and their employees, agents, and associates and that I do so voluntarily. I acknowledge having read this liability release and that I am of full age (or have parent's signature of consent) and give my acceptance of the above disclaimer clause by my signature.

I agree this Agreement will be governed in all respects and interpreted within the law of the Province of British Columbia, Canada.

Dated at	(city),	(state),
this day of	, 20	
CLIENT'S NAME:		
WITNESS:		
please print		
address		_
city, state city, state	·	
adult signature witness signature		
(Parent or Guardian must sign for minors	under 19 years of age)	



## MEDICAL FORM

Name	Birthdate (mm/dd/year)					
Address	Height/Weight					
Trip Date						
*Information required for	safety and logisti	ical reasons.				
Phone	Fax		E	mail		
IN CASE OF EMERGEN Name			_ Phone			
Relation			Address			
Doctor			Phone			
HEALTH AND DIET: Physical Condition: Eyesight: (It is recommended that if yo					e vision, a spare set	
be brought with you, as well  Do you have any dietary rest  If yes, please specify	rictions: Yes	No	·	ŕ		
Do you have any known aller If yes, please specify		No				
Are you on any prescription If yes, please specify						
Do you have a chronic disability yes, please specify	•			c.? Yes No		
Do you have any physical lim If yes, please specify						
Do you have any psychologic If yes, please specify			_		No	
If any of the above informati Spatsizi River Outfitters. Plea jeopardize the safety of the e	ase note that failur					
Signature			Date			