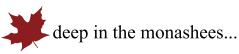


EAGLEPASS **REGISTRATION FORM**

Reservation #_____

| | | | GU | EST I | NFORMATION | | |
|------|-----------------|---------|----------------|---------------|--------------------------|-----|-----------------------|
| Full | Name | | | | | | |
| Ema | ail Address | | | | | | |
| City | | | | | Prov/State | | |
| Cou | ntry | | | | Languages Spoken | | |
| Hon | ne Phone | | | | Cell Phone | | |
| Date | e of Birth | | | | Weight | | |
| | | | HELISK | I/BO <i>E</i> | ARD INFORMATI | ON | |
| I wi | ll be: | | Skiing | | Snowboarding | | |
| Rid | ing Ability: | | Intermediat | e □ | Strong Intermediate | е 🗆 | Expert |
| I ha | ve been to Ea | gle Pa | ss Heliski bef | fore: | □ No | | □ Yes |
| I ha | ve the follow | ing pri | or experienc | e in the | e backcountry: | | |
| | Heliskiing | | Catskiing | | Ski Touring | | Other |
| Oth | er: | | | | | | <u> </u> |
| My | local resort is | s: | | | | | |
| I an | n confident sk | kiing/b | oarding the f | followi | ng at my local resort | t: | |
| | Green | | Blue | | Black | | Double Black |
| I no | rmally ski/sı | 10wbo | ard "x" days e | each se | eason: | | |
| | 1-3 days | | 4-10 days | | 10-20 days | | 20+ days |
| Thi | s trip will be | my firs | t time skiing | /board | ling this season: \Box | No | □ Yes |
| I re | quire rentals | : 🗆 | No | | Yes (Skis) | | Yes (Snowboard) |
| Res | erve this skis/ | board f | for me | | | | Pick ski/board for me |
| | | | Remei | mber t | o bring your boots | Ţ | |

Snowboarders - we have demo bindings available, however we highly recommend bringing your own!



Phone: 250.837.3734 Box 2555, BC V0E 2S0 Canada

Toll Free: 1.877.929.3337 www.EaglePassHeliskiing.com

Fax: 250.837.3706 info@eaglepassheliskiing.com



REGISTRATION FORM

Reservation #_____

| MED | ICAL INFORMATION |
|--|--|
| Do you have any special medical condit | ions we should be aware of? Please list |
| Are you allergic to any medications? Pl | ease list |
| Are you on any prescriptions we should | d be aware of? Please list |
| Do you have any dietary restrictions, fo | od allergies or other allergies? Please list |
| | |
| EMERGENC | Y CONTACT INFORMATION |
| Name | |
| Relationship | |
| Country | |
| Primary Phone | |
| Alternative Phone | |
| | |
| FAMIL | Y PHYSICIAN/DOCTOR |
| Name | |
| Phone | |



EAGLEPASS REGISTRATION FORM

Reservation #_____

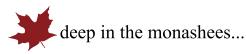
| | GETTING T | O REVELS | TOKE | |
|---|------------------------------|-----------------------------|--------------|----------------------------------|
| How will you be arriving to F | Revelstoke? | | | |
| | Driving Mys | elf | | Airport Shuttle |
| I would like additional infort the Kelowna Airport to Reve | | me for public Yes | and pr | rivate shuttle options from No |
| If you require a shuttle from K | elowna Internat | tional Airport, | we requ | aire the following information: |
| Name of Airline | | _ | Flight | #: |
| Arrival City | | _ | Date o | of Flight: |
| | | | | |
| ACCON | ODATION | WHILE IN I | REVEI | LSTOKE |
| I would like additional accor | nmodation info | ormation (pro | eferred | rates) sent to me: |
| | Yes | | | No |
| I already have my accommod | lation booked | and will be st | aying a | ıt: |
| Hotel Name: | | | Room | #: |
| I require a shuttle in the mo | r ning from my Yes | hotel to our I | Day Heli | iski Base (meeting point): No |
| If you require a shuttle from you regarding pick-up times th | | • | se, the o | office will be in contact with |
| REVELST | OKE HOSPI | TAL HELI I | PAD D | ONATION |
| I would like to donate to the | Revelstoke Qu | een Victoria | Hospita | ıl Heli Pad Fund: |
| | Yes | | | No |
| Donation amount (\$5 minim | um): | | | |



REGISTRATION FORM

Reservation #____

| | | RE | FERRAL | | | |
|---|---|------------|--|-------------------------|--------------------------------------|--|
| How did yo | ou hear about Eagle Pass | Heliski | ? | | | |
| | Eagle Pass Website | | Other Website | | Word of Mouth | |
| | Tradeshow | | Brochure | | Facebook | |
| | Film | | Print Advertisement | | Instagram | |
| | Travel Agent | | Other (Please explain) _ | | | |
| | | | | | | |
| | GU | EST RI | ESPONSIBILITY | | | |
| | lge that I will be required to the seconditions, and Sonditions, and skiing. | _ | | | _ | |
| | on the next page is a samp ay of Heliskiing/Heliboard | | h will be presented to you | and signe | ed the morning of | |
| 0, | We strongly recommend purchasing travel insurance to all of our guests. For trip cancellation, interruption and/or medical insurance, please contact UniGlobe Specialty Travel Ltd. at (250) 837 – 2544 | | | | | |
| Arriving lat | Guests are responsible for being on time and prepared to ski on their specified Heliski day(s). Arriving late or ill equipped may result in a guest missing their Heliski day(s) in part or in whole. Refunds will not be given to guests that arrive late or ill equipped. | | | | | |
| Eagle Pass recommends that all guests are able to ski at a strong intermediate to advanced level (black diamond runs). Guests should be comfortable skiing all types of terrain – trees, glades, steeps, deep powder, chutes, and variable snow conditions. Previous Heli or Cat skiing experience is recommended. Refunds will not be given to guests that are unable to competently Heliski due to lack of skill or experience. | | | | | | |
| intermediat prepare the | an be a demanding physic te level. It is recommended mselves accordingly – thro funds will not be given to g ness. | l that guo | ests assess their own fitnerslope skiing or by underta | ss level w king a re | vell in advance and gular fitness | |
| Signature | | | Date | | | |



SAMPLE WAIVER

WILDERNESS ACTIVITIES

RELEASE OF LIABILITY, WAIVER OF CLAIMS,

ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT (hereinafter the "Release Agreement")

BY SIGNING THIS RELEASE AGREEMENT, YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION FOLLOWING AN ACCIDENT. PLEASE READ CARFULLY!

INITIAL

| Name | Last | | | First | | | |
|---------|---------|-----------------|---------------|-------|-------------|----------------------------|--|
| | Street | | | City | | Prov/State | |
| Address | Country | Postal/Zip Code | Email (option | onal) | Date of Bir | th: Day / Month / Year Age | |

TO: EAGLE PASS HELISKIING LTD., GREAT SLAVE HELICOPTERS LTD., SELKIRK MOUNTAIN HELICOPTERS LTD., TRK HELICOPTERS (BC) LTD., 49 NORTH HELICOPTERS LTD., ROBERT POWDIAK., JULIA SIEVWRIGHT., 0969883 BC LTD., KITO ENTERPRISES LTD., MERVIN MANUFACTURING INC., EDDIE BAUER, LLC., BIG HORN REVELSTOKE LTD., DONALD BEZANSON., HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA and their respective directors, officers, employees, guides, agents, independent contractors, representatives, successors, assigns and guests (all of whom are hereinafter collectively referred to as the "Releasees").

DEFINITIONS

In this Release Agreement, the term "wilderness activities" shall include all activities, accommodation, transportation, events and services provided, arranged, organized, conducted, sponsored or authorized by the Releasees and shall include but is not limited to: skiing, snowboarding, snowmobiling, hiking, snowshoeing and other form of backcountry travel; rental or use of skis, snowboards or other equipment; demonstrations; orientational and instructional courses; loading, unloading and travel by or movement in or around helicopters, snowcats, snowmobiles and motor vehicles; and other activities, events and services in any way connected with or related to wilderness activities.

ASSUMPTION OF RISKS - AVALANCHES, ALPINE TERRAIN, WILDERNESS TRAVEL, WEATHER ETC. I am aware that wilderness activities involves risks, dangers and hazards. Avalanches occur frequently in the terrain used for wilderness activities and may be caused by natural forces or by persons travelling through the terrain. I acknowledge and accept that the Releasees may fail to predict whether the alpine terrain is safe for wilderness activities or whether an avalanche may occur. The terrain used for wilderness activities is uncontrolled, unmarked, not inspected and involves many risks, dangers and hazards in addition to that of avalanche. These may include, but are not limited to: cornices; crevasses; cliffs; trees, tree wells and tree stumps; creeks; rocks; boulders; forest deadfall; holes and depressions on or below the snow surface; cliffs; variable and difficult snow conditions; snowcat roads and road banks, fences, and other man-made structures; snow immersion; impact or collision with other persons or objects; becoming lost or separated from one's party or guide; negligence of other persons, including other guests; and NEGLIGENCE ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF WILDERNESS ACTIVITIES. Communication in the alpine terrain is difficult and in the event of an accident, rescue and medical treatment may not be available. Alpine weather conditions may be extreme and can change rapidly and without warning, making travel by helicopter, snowcat or snowmobile hazardous.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH WILDERNESS ACTIVITIES AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

NOTICE TO SNOWBOARDERS AND TELEMARK SKIERS - INCREASED RISK

Unlike alpine ski boot/binding systems, snowboard and some telemark boot/binding systems are not designed or intended to release and will not release under normal circumstances. The use of a safety strap or retention device by snowboarders or telemark skiers without ski brakes will increase the risk of not surviving an avalanche.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of THE RELEASEES allowing me to participate in wilderness activities, I hereby agree as follows:

- 1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against THE RELEASES and TO RELEASE THE RELEASES from any and all liability for any loss, damage, expense or injury including death that I may suffer or that my next of kin may suffer as a result of my participation in wilderness activities, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, R.S.B.C. 1996, c. 337, ON THE PART OF THE RELEASES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF WILDERNESS ACTIVITIES REFERRED TO ABOVE;
- 2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in wilderness activities;
- This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
- 4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and no other jurisdiction; and
- Any litigation involving the parties to this Release Agreement shall be brought solely within the Province of British Columbia and shall be within the exclusive
 jurisdiction of the Courts of the Province of British Columbia.

In entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of wilderness activities, other than what is set forth in this Release Agreement.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS RELEASE AGREEMENT PRIOR TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

| Dated this day of 20 | Signature of Guest |
|----------------------|--|
| Signature of Witness | Please Print Name |
| Please Print Name | Signature of Parent or Guardian if Guest is Under Age 19 |