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***Twin Maple Outdoors –Overnight Trip rules, Terms & Conditions;***

**Mandatory safety requirements for your outdoor adventure:**

* Each member of the party must complete the Health Certificate document. All life threatening or chronic medical conditions must be clearly noted on the Health Certificate document.
* Members of the party that wear corrective lenses must provide their Twin Maple Outdoors guide a redundant set of corrective lenses at the beginning of the fishing expedition.
* Members of the party that take prescribed medications must provide their Twin Maple Outdoors guide their prescriptions at beginning of the outdoor activity.
* If you arrive at your expedition and you appear to be under the influence of alcohol and or drugs, the staff of Twin Maple Outdoors will not permit you to participate in the activity. Alcohol is not permitted during your outdoor activity. If you are participating in an overnight trip the consumption of Alcohol in moderation is permitted for those legal drinking age after outdoor activities have been completed. The use of illegal drugs is never permitted.
* All members of the party are expected to wear a Personal Flotation Device (PFDs) while on the boat. Twin Maple Outdoors will supply a suitable PFD.
* Members of the party must sit in their assigned seat while the boat is under operation.
* At the beginning of your outdoor adventure your guide will give you a safety overview. Over the duration of the trip all members will adhere to the instruction of your guide.
* Twin Maple Outdoors reserves the right to cancel, reschedule or terminate the scheduled activity due to extreme conditions of any nature. The trip will be rescheduled for a time that is agreeable for both Twin Maple Outdoors and the client.
* All members must have in their possession the items listed on “must have” list.

**Must have list:**

**Sunscreen** A sunscreen lotion with a Sun Protection Factor (SPF) of 15 gives good protection.

**Rainwear** All participants must have rainwear. Good rainwear is waterproof, not just water-repellent.

**Sunglasses** protect your eyes against the sun's glare from the water. Many participants like polarized sunglasses that reduce glare and let them see below the surface of the water to spot fish and other objects.

**Prescribed Medications / Corrective lenses** Your prescribed medications and / or corrective lenses must be in your possession at all times. Additionally, a redundant set of medications and /or corrective medications must be given to your guide.

**Complete Change of clothes** - alternate change of change of clothes is required. Clothing should be layered and breathable.

**Foot Wear** should be well broken in, water proof, breathable and have a good tread.

**Bug Spray**

**Terms and Conditions:**

1. A 50% deposit is required to reserve your trip. Payment may be made using cash, money order or personal check. The final balance is due when at the beginning of your outdoor activity.
2. Please provide signed copies of the Twin Maple Outdoors Registration package with the deposit.
3. Twin Maple Outdoors reserves the right to cancel, reschedule or terminate the scheduled activity due to extreme conditions of any nature. The trip will be rescheduled for a time that is agreeable for both Twin Maple Outdoors and the client.
4. If a member of the party violates any of the rules listed in the Twin Maple Outdoors Registration package, Twin Maple Outdoors reserves the right to terminate the outdoor activity for all participants without refund.

Participant’s signature endorsing trip rules, terms and conditions.

X\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Twin Maple Outdoors – Health Certificate Document:***

**Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_**

**Date of Birth:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PFD Size: \_\_\_\_\_\_\_\_\_\_\_\_\_**

* Could you be pregnant?
* Are you presently taking prescription medications?
* Are you wearing corrective lenses?

Have you ever had or do you currently have;

* Asthma, or wheezing with breathing, or wheezing with exercise?
* Frequent or severe attacks of hay fever or allergy?
* Frequent colds, sinusitis or bronchitis?
* Any form of lung disease?
* Other chest disease or chest surgery?
* Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
* Epilepsy, seizures, convulsions or take medications to prevent them?
* Recurring complicated migraine headaches or take medications to prevent them?
* Blackouts or fainting (full/partial loss of consciousness)?
* Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
* Inability to perform moderate exercise (example: walk one mile within 12 minutes)?
* Head injury with loss of consciousness in the past five years?
* Recurrent back problems?
* Back or spinal surgery?
* Diabetes?
* Back, arm or leg problems following surgery, injury or fracture?
* High blood pressure or take medicine to control blood pressure?
* Heart disease?
* Heart attack?
* Angina, heart surgery or blood vessel surgery?
* Sinus surgery?
* Ear disease or surgery, hearing loss or problems with balance?
* Recurrent ear problems?
* Bleeding or other blood disorders?

**Signature of Participant or their legal guardian: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email Address (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Emergency Contact Information – please provide contact not participating in trip:**

Primary Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TWIN MAPLE OUTDOORS - HOLD HARMLESS AGREEMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Participant Name | Address | Driver License # | Fishing License | Date of Birth |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

In return for the privilege of fishing, Client hereby agrees to release, hold harmless and indemnify as against any liability, including liability arising out of active negligence, TWIN MAPLE OUTDOORS and all of its owners, agents, employees and lessees, as a result of personal injury, death or property damage which a Client may suffer as a result of any danger of any nature, whether enumerated herein or not, while in participant or being transported to the activity site. Client also hereby agrees to hold harmless and indemnify the Premises owned or controlled by TWIN MAPLE OUTDOORS, its subsidiaries and all of its owners, agents, employees and lessees, as against any personal injury, death or property damage which a Client may suffer as the result of the negligent conduct of a Client or the Maine registered guide or companion of TWIN MAPLE OUTDOORS, whether active or passive. In the event that the person requesting permission to participate is a minor child; under 18 years of age, a parent or legal guardian of that minor shall be identified in this paragraph and shall also be bound to the terms of this agreement as indicated by his/her signature below.

Client also agrees to release, hold harmless and indemnify the Premises, property and/or equipment owned or controlled by TWIN MAPLE OUTDOORS, its subsidiaries and all of its owners, agents, employees and lessees, as against any death, personal injury, disability or property damage suffered as an operator or passenger of a motor vehicle and/or watercraft.

Client further agrees that this agreement herein shall be binding upon his/her heirs, assigns, agents, employees and personal representatives.

**EXECUTION**

Client, by signing below, agrees that he/she has read, understands and agrees to be bound by the terms and conditions as set forth within this Release and Hold Harmless agreement.

X\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Breakfast meal options for the entire party;**

* Eggs cooked as requested or pancakes with Maine maple syrup
* Bacon, Canadian bacon or sausage
* Granola, yogurt & fresh fruit

**Lunch options for each individual in the party;**

Sandwich filling: Bread: Other: Chips:

Turkey White thin Cheese Potato Chips

Tuna Salad Whole wheat thin Mayonnaise Baked Potato Chips

Roast Beef Whole wheat wrap Mustard Pretzels

Ham Whole wheat bulkie roll Lettuce Popcorn

Hummus White bulkie roll Onion

Tomato

Pickles

**Dinner options for the entire party;**

* Shish kabobs (Beef, Chicken, Venison or Moose)
* Marinade Chicken Breasts & grilled veggies
* Fresh Fish (dependent on our success) & grilled veggies
* Burgers & grilled veggies

**Snacks / Desserts for the entire party;**

* Fresh and dried fruit
* Pretzels, chips, pop-corn
* Low-fat cookies or brownies
* Trail Mix

**Drinks;**

* Water
* Coke / Diet Coke
* Sprite / Diet Sprite
* Milk
* Unsweetened / Sweetened Iced tea
* Coffee at breakfast