

INDIVIDUAL REGISTRATION FORM



A. BASIC INFORMATION

Please fill out this form and turn it in to your group leader. Your group leader will collect all Individual Registration Forms and send registration fees to Jacobson Outdoors on your behalf.

Trip Dates: July 16-18, 2026 Canoe Trip Down the Namekagon via Jacobson Outdoors

Name _____
Last First (Legal) Middle Preferred Nickname

Address _____
Street, Box, or R.R. City State Zip Code

Telephone: Home (____) _____ Cell (____) _____ Work(____) _____

Email _____ Gender: Female Male

Birth date _____ Grade Entering _____

B. MEDICAL INFORMATION

Emergency Contact _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone (____) _____ Cell Phone (____) _____

Please list any medical concerns you may have that you'd like us to be aware of:

Please specify any current medications or prescriptions we need to be aware of.

Please list ALL allergies or dietary restrictions:

Current Insurance Policy

Insurance Company _____ Phone (____) _____

Company Address _____ City _____ State _____

Policy # _____ Group # _____

Have you had previous experience canoeing and/or camping

Yes No If yes, please explain.

What talents/gifts do you have that you feel the Lord can use on this trip?

C. OFFICIAL SIGNATURE – Medical/Liability Release and Policy Agreement

I hereby release all leaders and organizations involved with this trip from any and all legal liability. I hereby waive all my rights to any legal liability on the part of OSL or Jacobson Outdoors or any other individuals or organizations involved, from which liability may result from sickness, injury, or death that may occur on or related to this trip. I fully realize that there are hazards, and I am fully assuming these risks, including but not limited to: hazardous traffic, poor roads, food, allergies, storms or bad weather, sickness, injury, and disease. I specifically release OSL and Jacobson Outdoors and its representatives from any claim of negligence in their duties as leaders or otherwise on this missions trip. In the event that I attempt to make a claim in violation of my release and waiver as herein indicated, I hereby agree to, and shall pay, all legal fees and costs incurred by OSL or Jacobson Outdoors and other individuals and organizations involved.

In the event that it should become necessary, whether in an emergency or otherwise, I authorize OSL and Jacobson Outdoors and its adult individuals serving as its agents to arrange for any and all treatment including but not limited to: x-ray examinations, anesthesia, dental, medical, surgical, and/or treatment and/or hospital care for said participant on behalf of participant; and in such event, said participant agrees to pay for all costs, charges, fees, and expenses and travel and/or emergency expenses incurred as a result of treatment. The undersigned represents that the participant suffers from no disease or injury and has no other requirements for supervision, medication, or care other than those listed previously on this form. I assume the full responsibility for any and all medical bills and early evacuation/transportation costs incurred related to this trip.

I have read and am in full agreement with this release and waiver and policy agreement, and fully understand that I am waiving any rights I may have to litigate and sue. I accept full responsibility for visiting a doctor prior to the trip, all insurance and all medical costs. I authorize OSL and Jacobson Outdoors and its agents to make medical decisions on my behalf if no parent or guardian is available.

I hereby give my child permission to travel to _Jacobson Outdoors Namekagon River 3-day river canoe/camping, County Road K Landing Trego, WI 54888_ through Jacobson Outdoors on (dates) _July 16-28,2026_ and authorize the adults serving on behalf of OSL and Jacobson Outdoors to act as my agents.

I realize I am legally responsible for and have read, understand, and agree to all the information previously listed on this Individual Registration form, including A. Basic Information, B. Medical Information, and C. Medical/Liability Release. I also agree to abide by all rule and regulations explained to me upon arrival in regards to canoeing and camping.

Applicant: _____ Signature _____ (date) _____

Legal Guardian 1: _____ Signature _____ (date) _____

Legal Guardian 2: _____ Signature _____ (date) _____