

# Sea Wolf Adventures

## Terms and Agreements

**TRIP COST INCLUDES:** The following costs include accommodations, excursions, entrance fees, leadership, crew, all meals, local guides, and permits, unless otherwise indicated in the itinerary. We reserve the right to make any changes in the itinerary or to substitute modes of transport or guides, from those mentioned in the literature.

**TRIP COST DOES NOT INCLUDE:** The cost of air flights, unless otherwise indicated in the itinerary, airport taxes, passports, visas, immunizations, insurance of any kind, laundry, excess baggage, items of a personal nature, medical costs, costs of hospitalization, additional expenses arising from the delay or extension of a trip due to weather, political disputes, illness, failure of transportation, or other causes beyond our control.

**RESERVATIONS:** Reservations are limited and on a first-come basis. To reserve space on any trip, please contact Sea Wolf Adventures for trip availability at 907-957-1438. A deposit of US \$1,000 per person per trip or \$12,000 for a Whole Boat Charters is required to guarantee your reservation if booked prior to January 1, 2017.

**PAYMENTS:** All payments should be made by personal check, money order, certified or cashier's check or direct deposit in US Dollars. At the time of reservation if prior to the January before your trip: 1,000.00 per person deposit are due or \$12,000 per Whole Boat Charter, which includes a non-refundable deposit of US \$1,000 per person per trip. This is required for us to guarantee your booking. Bookings after January 1, 2017 require 50% of fare deposit upon booking with the balance of your fare due 90 days prior to departure. 120 days for full boat charters.

**CANCELLATIONS:** If you find it necessary to cancel your trip, please notify us as soon as possible. You can telephone, but we will also need a written notice. The cancellation fee after you've made your deposit can range up to the entire trip cost, based on the number of days prior to your trip that we receive your cancellation notice. We regret we cannot make exceptions for personal emergencies. For this reason, we strongly urge our participants to purchase trip insurance.

### **Cancellation Terms**

More than 150 days prior to departure: Refund of deposit less 1,000.00 per person booking fee. 150 to 90 days prior to departure: Forfeiture of total deposit. Less than 90 days is total forfeiture of fare less sales tax. Full boat charters deposits are non refundable as received.

\*We will make every effort to fill a canceled booking, but retain booking fees for remarketing fees. This determination will be made at the end of the season.

**INSURANCE:** WE STRONGLY RECOMMEND that you obtain Travelers and Trip Cancellation Insurance to

protect yourself. Travel Guard has been rated highly. Trip Cancellation Coverage will reimburse you for nonrefundable air and trip costs should you cancel or interrupt your trip.

**TRANSFER:** With 120 days advance notice, there is no charge for transferring from one trip to another, subject to availability.

**CANCELLED TRIPS:** We reserve the right to cancel any trip prior to the scheduled departure due to under subscription or logistical problems (vessel breakdown, strikes, etc.). You may transfer to another trip or we will refund all payments made to Sea Wolf Adventures, Inc, Inc. in full. In no event, however, shall our liability exceed the obligation to refund the amount you paid to us. Trip cancellation due to under subscription would occur at a minimum of 45 days prior to departure.

**ACCOMMODATIONS:** Vessel accommodations are semiprivate. Choice of cabins is on a first-come, first-served basis. All cabins accommodate couples or two companion travelers. We rarely have single traveler fares. Single traveler fare will at minimum be 150% fare. All cabins have their own heads and showers.

**WITHDRAWAL:** Sea Wolf Adventures, Inc. reserves the right to require any participant to withdraw from a trip at any time if the captain deems his or her acts or conduct detrimental or incompatible with the interest, harmony, comfort, or welfare of the trip. In such cases, no refund will be given.

**MEDICAL:** Although Sea Wolf Adventures trips are not physically demanding you should be in general good health to participate. It is the passengers' responsibility to judge the appropriateness of their physical capabilities to these travel activities. Anyone with medical problems or restrictions must make them known to us well in advance of the trip and should bring a personal supply of any special medications. The captain has the right to ask any member of the group not to participate in an activity or to go back to Bartlett Cove if he/she considers it medically necessary; no refund will be made under such circumstances. Sea Wolf Adventures, Inc. and its affiliates take no responsibility for special arrangements required by passengers physically unable to complete a trip and assume no liability regarding provision of medical care.

**SMOKING:** We are a non-smoking vessel.

**CHILDREN ON TRIPS:** Sea Wolf Adventures trips are adult oriented, but some may be suitable for children, depending on the child's age and experience. Private boat charters are for 12 persons and may include children.

### **Contact Info**

[kimber@seawolfadventures.net](mailto:kimber@seawolfadventures.net)

907/957-1438

# M/V Sea Wolf Guest Information Forms

Adventure Date: \_\_\_\_\_ If Private Charter Group Name: \_\_\_\_\_

## 1. Identification and Emergency Contact Information

### Adventurer 1

### Adventurer 2

<b>Name</b> (exactly as it appears on your passport or legal ID)	<b>Name</b> (exactly as it appears on your passport or legal ID)
First _____	First _____
Middle _____	Middle _____
Last _____	Last _____
Preferred name _____ T-Shirt Size _____	Preferred name _____ T-Shirt Size _____
Date of Birth _____ Gender _____	Date of Birth _____ Gender _____
Place of Birth _____	Place of Birth _____
Passport #(for B.C. adventure) _____	Passport #(for B.C. adventure) _____
Citizenship: _____	Citizenship: _____
Issuing Country/State _____	Issuing Country/State _____
Date of Issue _____ Expiration Date _____	Date of Issue _____ Expiration Date _____
<b>Home Address</b>	<b>Home Address</b>
Street _____	Street _____
City _____ State/Province _____	City _____ State/Province _____
Zip Code _____ Country _____	Zip Code _____ Country _____
Email _____	Email _____
Phone # _____ Mobile # _____	Phone # _____ Mobile # _____
<b>Emergency Contact Information</b>	<b>Emergency Contact Information</b>
Name _____	Name _____
Relationship _____	Relationship _____
Phone # _____	Phone # _____

## 2. Dietary & Medical

Submitting this form helps us to identify any special accommodations needed as it relates to your disability, medical condition or dietary requirements.

Due to our sometimes-limited resources we need to know about your preferences and needs if possible at a minimum 60 days before departure. Preferably the more time given the better we can meet your needs.

We do not discriminate on the basis of disability. Guests with serious medical conditions or woman in their 3<sup>rd</sup> trimester of pregnancy need to consult their physician to determine whether cruise travel is appropriate. Sea Wolf Adventures does retain the right to refuse a booking if we feel it is not appropriate for a particular guest medical condition as we adventure in remote places.

<p>Name First _____</p> <p>Do you have any special dietary requirements? Please check all that apply.</p> <p><input type="checkbox"/> Diabetic <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Gluten Free</p> <p><input type="checkbox"/> Low Cholesterol <input type="checkbox"/> Low Fat <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian</p> <p><input type="checkbox"/> Vegetarian eats seafood Note: _____</p> <p>Other: _____</p> <p>_____</p> <p>Please list all allergies: Environmental, Food &amp; Other</p> <p>Allergy _____ Reaction _____</p> <p>Allergy _____ Reaction _____</p> <p>Allergy _____ Reaction _____</p> <p>Do You carry any of the following?</p> <p><input type="checkbox"/> Epi-Pen <input type="checkbox"/> Insulin <input type="checkbox"/> Sleep Apnea machine</p> <p>If any of the below questions are answered yes, please explain.</p> <p>Have you had a recent injury or surgery that could affect your ability to participate in physical activities?</p> <p>_____</p> <p>If you have limited mobility please describe:</p> <p>_____</p> <p>Do you have hearing, visual or comprehension difficulties?</p> <p>_____</p> <p>Will you have entered your 3<sup>rd</sup> semester of pregnancy by the time you sail with us? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What medications are you currently taking?</p> <p>_____</p> <p>_____</p> <p>Please explain here any other medical conditions we should be aware of.</p>	<p>Name First _____</p> <p>Do you have any special dietary requirements? Please check all that apply.</p> <p><input type="checkbox"/> Diabetic <input type="checkbox"/> Lactose Intolerant <input type="checkbox"/> Celiac Disease</p> <p><input type="checkbox"/> Low Cholesterol <input type="checkbox"/> Low Fat <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian</p> <p><input type="checkbox"/> Vegetarian eats seafood Note: _____</p> <p>Other: _____</p> <p>_____</p> <p>Please list all allergies: Environmental, Food &amp; Other</p> <p>Allergy _____ Reaction _____</p> <p>Allergy _____ Reaction _____</p> <p>Allergy _____ Reaction _____</p> <p>Do You carry any of the following?</p> <p><input type="checkbox"/> Epi-Pen <input type="checkbox"/> Insulin <input type="checkbox"/> Sleep Apnea machine</p> <p>If any of the below questions are answered yes, please explain.</p> <p>Have you had a recent injury or surgery that could affect your ability to participate in physical activities?</p> <p>_____</p> <p>If you have limited mobility please describe:</p> <p>_____</p> <p>Do you have hearing, visual or comprehension difficulties?</p> <p>_____</p> <p>Will you have entered your 3<sup>rd</sup> semester of pregnancy by the time you sail with us? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What medications are you currently taking?</p> <p>_____</p> <p>_____</p> <p>Please explain here any other medical conditions we should be aware of.</p>
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We love to have celebration parties so let us know if there is a special occasion during your trip.

Name (s): \_\_\_\_\_ Celebratory Event: \_\_\_\_\_

Favorite Dessert:

### 3. Travel Arrangements

#### Travel Information

You or your travel agent is responsible for making your travel arrangements.

Guest 1 Name _____ Sea Wolf Adventure Departure Date _____ Cell # (to reach you while traveling) _____	Guest 2 Name _____ Sea Wolf Adventure Departure Date _____ Cell # (to reach you while traveling) _____
<p><b>Pre Adventure Travel Arrangements</b></p> <p>Please check one of the following if you have pre-adventure lodge arrangements in          ___ Juneau, AK ___ Ketchikan, AK ___ Bellingham, WA          Lodging name _____          Lodge Check-in Date _____          Lodge Check-out Date _____</p> <p>If you are departing for your adventure from Gustavus please also let us know where you are staying in Gustavus.          Lodging name _____          Lodge Check-in Date _____</p> <p><b>Flight 1 to:</b>          ___ Juneau, AK ___ Gustavus, AK ___ Ketchikan, AK          ___ Bellingham, WA          Date of Arrival _____          Time of Arrival _____          Arrival City / Airport _____          Airline _____          Flight # _____</p> <p><b>Gustavus Transportation: Flight/Ferry 2 to Gustavus:</b>          Date of Arrival _____          Time of Arrival _____          Airline _____          Ferry _____</p> <p><b>Post Adventure Departure Information</b>          Date of Departure _____          Time of Departure _____          Departure City _____          Airline _____ Ferry _____</p>	<p><b>Pre Adventure Travel Arrangements</b> <input type="checkbox"/> <input checked="" type="checkbox"/> if same as guest 1</p> <p>Please check one of the following if you have pre-adventure lodge arrangements in          ___ Juneau, AK ___ Ketchikan, AK ___ Bellingham, WA          Lodging name _____          Lodge Check-in Date _____          Lodge Check-out Date _____</p> <p>If you are departing for your adventure from Gustavus please also let us know where you are staying in Gustavus.          Lodging name _____          Lodge Check-in Date _____</p> <p><b>Flight 1 to:</b>          ___ Juneau, AK ___ Gustavus, AK ___ Ketchikan, AK          ___ Bellingham, WA          Date of Arrival _____          Time of Arrival _____          Arrival City / Airport _____          Airline _____          Flight # _____</p> <p><b>Gustavus Transportation: Flight/Ferry 2 to Gustavus:</b>          Date of Arrival _____          Time of Arrival _____          Airline _____          Ferry _____</p> <p><b>Post Adventure Departure Information</b>          Date of Departure _____          Time of Departure _____          Departure City _____          Airline _____ Ferry _____</p>

**Please find attached our Terms and Conditions:**

I have carefully read, clearly understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative, and estate, and for all members of my family including any minor children.

Printed name of Adventurer 1 \_\_\_\_\_ Printed Name of Adventurer 2 \_\_\_\_\_  
 Signature of Adventurer 1 \_\_\_\_\_ Signature of Adventurer 2 \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature or Parent/Guardian if under18: \_\_\_\_\_