



RIVER TRAINING or REGISTRY APPLICATION

Please Return To: Outdoor Ventures | PO Box 7713 | Bend, Oregon 97708 | INFO@RiverTraining.net

APPLICANT NAME:			
First	Middle	Last	
MAILING ADDRESS:			
Street / PO Box	City & State	Zip Code	
DATE OF BIRTH:		DRIVERS LICENSE #:	
PHONE NUMBER:		CELL NUMBER:	
EMAIL ADDRESS:			
EXPERIENCE & ACQUIRED SKILLS (Relevant to this Application):			
Rivers or Lakes Traveled	Guided or Private	State	Rating or Class
Name of Schools, Courses or Program certificates that document skills acquired:			
CURRENT INSURANCE BONDING / COVERAGE:			
WHERE DID YOU HEAR ABOUT OUTDOOR VENTURES?			
REASON FOR APPLYING WITH OUTDOOR VENTURES?		(Guide or Private Training):	
Requested Type of Boats:		Requested River Difficulty:	
Other Reasons for Applying:			
PREFERRED DATES?			
<p><i>• Do you have any existing physical or personality traits that will prevent you from operating a river craft safely on the water? • Do you take any prescription medication or are you allergic to anything that may jeopardize your safety in the outdoor environment away from immediate medical attention? • If you answer "yes" to any one of these questions, please explain below. A "yes" answer discloses a potential risk to Outdoor Ventures instructors and allows better risk mitigation when implementing a float plan.</i></p>			
<p><i>• I agree to inform Outdoor Ventures of any changes in my physical capability, medical condition or personality trait changes which may occur during my course of training or registry. • I certify and guarantee the foregoing information, which I have provided and disclosed is true and accurate, will be treated as confidential and used in the course of Outdoor Ventures business with me.</i></p>			
Signature of Applicant		Date	
<p><i>This application can be completed via handwriting or electronic means. If completed electronically, the applicant acknowledges and certifies their signature by typing their full name in the signature field.</i></p>			
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<i>"This institution is an equal opportunity provider"</i>			