



# RIVER TRAINING or REGISTRY APPLICATION

Please Return To: AWA llc, Outdoor Ventures | PO Box 7713 | Bend, Oregon 97708 | AWA@AirWaterArt.com

<b>APPLICANT NAME:</b>			
First	Middle	Last	
<b>MAILING ADDRESS:</b>			
Street / PO Box	City & State	Zip Code	
<b>DATE OF BIRTH:</b>		<b>DRIVERS LICENSE #:</b>	
<b>PHONE NUMBER:</b>		<b>CEL NUMBER:</b>	
<b>EMAIL ADDRESS:</b>			
<b>EXPERIENCE &amp; ACQUIRED SKILLS (Relevant to this Application):</b>			
Rivers or Lakes Traveled	Guided or Private	State	Rating or Class
<b>Name of Schools, Courses or Program certificates that document skills acquired:</b>			
<b>CURRENT INSURANCE BONDING / COVERAGE:</b>			
<b>WHERE DID YOU HEAR ABOUT OUTDOOR VENTURES?</b>			
<b>REASON FOR APPLYING WITH OUTDOOR VENTURES?</b>		<b>(Guide or Private Training):</b>	
<b>Requested Type of Boats:</b>		<b>Requested River Difficulty:</b>	
<b>Other Reasons for Applying:</b>			
<b>PREFERRED DATES?</b>			
<p>• Do you have any existing adverse medical conditions, infectious diseases, 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.</p>			
<p>• 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.</p>			
<b>Signature of Applicant</b>		<b>Date</b>	
<p>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.</p>			
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<i>"This institution is an equal opportunity provider"</i>			