



**Outdoor ESCAPES New Hampshire, LLC**

Lucie (LaPlante) Villeneuve, Wilderness Guide & Outdoor Educator  
 49 Butternut Lane, Conway, NH 03818  
 Cell (603) 528-0136 ~ Home office hours: Any time by chance  
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<b>OFFICE USE ONLY</b>	A/L/G--
R Q	
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C M W/LR	
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PH TY C--	

**Special Event Reservation Form**

**Instructions:** After checking with us (call or e-mail) for space availability and location of the event, please print and complete these forms (make sure you have a Medical Form for each participant—print the last page multiplied by the number of participants in your party), and mail them to us with your payment. You will receive a confirmation packet with directions, itinerary, and a pack list.

<b>CONTACT INFORMATION</b>	
Name of Contact Person	Organization Name, if Group
Today's Date	
Mailing Address	Street
City/Town	State/Province
Zip Code	Country
E-mail Address (or FAX Number):	Payment enclosed: \$
Home/Work Phone Number(s)	Best Time to Call
Cell Phone Number	Best Time to Call
Will you be taking the cell phone to NH? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Cell phone service is not dependable in all parts of New Hampshire.</i>	
Accommodations that will be used prior to meeting us, if any (Name of lodging, campground, or host, Address & Phone)	
How did you learn about us?	
<input type="checkbox"/> Online search engine, Site: _____ Keywords used: _____	
<input type="checkbox"/> Online tourism/magazine/event/other website, Site: _____	
<input type="checkbox"/> Printed in tourism guidebook, map, magazine, or newspaper, Publication: _____	
<input type="checkbox"/> Picked up our brochure, Location: _____ Television: _____	
<input type="checkbox"/> Tourism visitor center staff, Location: _____ You are a previous participant	
<input type="checkbox"/> Referred to by an innkeeper, Location: _____ Relative or friend, Name if a previous participant: _____	
<input type="checkbox"/> Referred to by another Guide Service: _____	
<b>CHOOSE YOUR SPECIAL EVENT</b>	
Name of Special Event, as listed on the Outdoor ESCAPES New Hampshire's website:	
Date(s) and Times of Event:	Location as discussed with Lucie:
Please list any rentals needed, if not included in the Event:	
<b>TELL US YOUR INTERESTS</b>	
Your party is best described as: <input type="checkbox"/> Individual <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> Other:	
Total Number of Participants: _____ Age 18 and over _____ (ages _____) Under age 18 _____ (ages _____)	
Most events allow for some flexibility...would you prefer a	
<input type="checkbox"/> <b>Guided Educational Tour</b> where you want to actively participate and practice outdoor skills, or a	
<input type="checkbox"/> <b>Guided Leisure Tour</b> where you want to relax outdoors and your guide will handle most of the chores?	
As time allows, we will enrich your experience with the following activities and topics of interest:	
<b>Outdoor Photography</b>	
<input type="checkbox"/> Wildlife <input type="checkbox"/> Plants/Wildflowers <input type="checkbox"/> Natural Landscapes (seacoast, lakes, mountains, river valleys, alpine zone)	
<input type="checkbox"/> Waterfalls <input type="checkbox"/> Fall Foliage <input type="checkbox"/> Winterscapes <input type="checkbox"/> Harvest/Farms <input type="checkbox"/> Quaint country towns <input type="checkbox"/> Church Steeples	
<input type="checkbox"/> Covered Bridges <input type="checkbox"/> Historic Buildings <input type="checkbox"/> Outdoor sports action <input type="checkbox"/> Modern Cultural Scenes <input type="checkbox"/> Other:	
<b>Nature and History Experiences/Talks</b>	
<input type="checkbox"/> New Hampshire's Changing Landscape and Its Inhabitants (overview of natural and human history)	
<input type="checkbox"/> All About Moose...and/or deer, bear, fisher, pine marten, muskrat, porcupine, otter, coyote, bobcat, beaver, etc.	
<input type="checkbox"/> Animal Tracking, Behavior, and Signs <input type="checkbox"/> Railroads to Rail Trails	
<input type="checkbox"/> Birds of New Hampshire...bald eagle, loon, migrations, etc. <input type="checkbox"/> Reptiles and Amphibians All Year	
<input type="checkbox"/> Covered Bridges of New Hampshire <input type="checkbox"/> River Systems of New Hampshire	
<input type="checkbox"/> Forestry: New Hampshire's Past and Present <input type="checkbox"/> Seacoast Creatures...birds, shellfish, mammals, fish, etc.	
<input type="checkbox"/> Geology of New Hampshire <input type="checkbox"/> Stargazing	
<input type="checkbox"/> Lighthouses on New Hampshire's Seacoast <input type="checkbox"/> Stonewalls, Orchards, and Sap Buckets: NH's Farm History	
<input type="checkbox"/> Nature at Night in New Hampshire <input type="checkbox"/> Waterfalls and Cascades around New Hampshire	
<input type="checkbox"/> New Hampshire's Habitat Diversity <input type="checkbox"/> Weather in the White Mountains	
<input type="checkbox"/> Plant Identification...trees in winter, wildflowers, edibles, etc. <input type="checkbox"/> Wildflowers of the Granite State	

## Policies and Procedures

These Policies and Procedures are subject to change without notice. (Last updated 5/18/2008)

### Trips, Tours, Instruction, & Presentations (ESCAPES) with Outdoor ESCAPES New Hampshire, LLC (OENH)

1. Group size may be limited. See listings for minimum and maximum participation.
2. Participants will travel in the wilderness with respect for wildlife and the natural environment, and will adhere to all federal, state, local, and private rules and regulations. Alcohol and illegal substances will not be tolerated.
3. Liability, Safety, and Responsibility: We offer ESCAPES requiring various degrees of fitness. We are not qualified to evaluate your fitness so you must evaluate your fitness as appropriate for any given ESCAPE. If you are overweight, or in poor physical condition, you should consult with your physician before participating in our active ESCAPES. We make every effort to provide you with a fun trip. Your guides will give you instructions before each trip and it is important that you listen and do as they say. You will assume the responsibility for many decisions affecting your safety during this trip. Although every precaution is taken to safeguard you and your belongings, remote wilderness adventure trips involve activities that can be physically demanding with inherent elements of risks and dangers, which are beyond our control. OENH shall assume no responsibility for personal injuries or deaths and loss of personal property. We highly recommend that you have medical insurance and consider purchasing travel insurance. Travel insurance coverage can help with expenses for the unforeseeable such as lost baggage, trip delays, emergency evacuation, and cancellation due to illness.
4. Each participant is responsible for personal gear. Due to New Hampshire's unpredictable weather, we highly recommend bringing everything on your customized Pack List in order for you to have a comfortable outdoor experience for the duration of your trip. If you are missing something, your trip may be cut short. Our goal is safety, fun, and learning, so please take the Pack List seriously in order to prevent problems and minimize risks.
5. Each Participant (and parent/guardian of each Participant under 18) must complete and sign a "Participant Agreement, Release, and Acknowledgement of Risk" form.
6. Each Participant (and parent/guardian of each Participant under 18) on full day and longer trips must complete and sign a "Medical Form." Certain trips will require a doctor's approval.
7. Youth under age 18: allowed with an accompanying adult. Youth groups must have adequate supervision coverage.
8. Travel with dogs will be limited to certain areas.
9. Helmets must be worn when bicycling.
10. PFDs (Personal Floation Devices) must be worn when paddling canoes and kayaks.
11. Safety glasses must be worn during archery and range rules must be obeyed.

### Reservation Procedures

1. Our small wilderness guide service holds office hours by chance. Please allow a few days to respond to inquiries.
2. There are 4 ways to participate in ESCAPES with OENH, and each has a Reservation Form to complete:
  - Custom ESCAPES** – Flexible dates. Prices, duration, locations vary...for individuals, families, small groups.
  - Packages** - Flexible dates. Locations and accommodations vary...for individuals, families, small groups.
  - Special Events** - Join a group activity already set up...for individuals and couples.
  - Group Programs** – A variety of activities are offered and customized for small and large groups of all ages.
3. Gift certificates are available. Their use is subject to these policies and procedures.
4. We recommend checking for availability and reserving early by phone or e-mail. When requesting a Custom ESCAPE or Group Program, you need to fill out the appropriate form to get a price quote from us. When reserving a Package or Special Event, you need to complete the appropriate form. Please note that there will be a fee for any dog(s) allowed to participate.
5. **Payment**
  - A. Full payment is due when booking within 30 days of ESCAPE.
  - B. Advanced booking: A 50% non-refundable deposit holds your reservation, which must be received within 7 days of booking. The balance is due 30 days prior to the ESCAPE.

*Payments are accepted by check or money order payable to Outdoor Escapes New Hampshire, LLC, 49 Butternut Lane, Conway, NH 03818. If you wish to pay with a credit card, please call for secure options. Last-minute reservations must pay cash upon meeting guide. Prices are in US\$.*
6. A confirmation packet will be e-mailed, mailed, or faxed--includes directions, pack list, and other pre-trip forms.

### Cancellation/Refund Policy

Up to 30 days prior to your ESCAPE, you may transfer your deposit to another date or to other participant(s), or you may cancel your ESCAPE. By canceling your ESCAPE at this time, you will forfeit your 50% deposit. Absolutely no refunds will be given for cancellations during the 30 days prior to the date of your ESCAPE. In the case of severe weather or other unforeseen conditions (rare), OENH will offer an alternative activity, or arrange another date for your ESCAPE. We customize each ESCAPE for safety, fun, and learning.

By signing this form, it is understood that I have provided accurate information regarding this reservation and that I have read, understand, and agree to the Policies & Procedures of Outdoor ESCAPES New Hampshire, LLC.

Contact Person's Signature \_\_\_\_\_ Date \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_



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**MEDICAL FORM**  
*To be completed for each participant*

**HEALTH INFORMATION**

Your guide will use the following information in case you become ill or injured. It will be kept confidential and will be reviewed by a physician who may contact you for additional information. The info. doesn't necessarily influence your acceptance into this program.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State/Province: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Nighttime Phone \_\_\_\_\_

Do you have any sensory or physical limitations? \_\_\_\_\_ If so, list and state how they affect you:  
 \_\_\_\_\_

Do you have any learning or emotional limitations? (This includes fear of heights, dogs, water, etc.) \_\_\_\_\_ They are:  
 \_\_\_\_\_

What are the medications, physical aids, or strategies that your condition requires?  
 \_\_\_\_\_

Are you currently taking any over-the-counter or prescription medications? \_\_\_\_\_  
 If yes, please list them and describe what they are for:  
 \_\_\_\_\_

Are you currently under the care of a medical specialist? \_\_\_\_\_ If yes, for what conditions?  
 \_\_\_\_\_

Do you have any food allergies or dietary restrictions? \_\_\_\_\_ If yes, please describe:  
 \_\_\_\_\_

Do you have any environmental or medicinal allergies? \_\_\_\_\_ If yes, please describe:  
 \_\_\_\_\_

Are you bringing an Epi Pen with you on the tour? \_\_\_\_\_ If so, who will be carrying it and where will it be stored?  
 \_\_\_\_\_

Please list any pertinent experience you have had. \_\_\_\_\_

Please describe what physical exercise you regularly take part in. How often? \_\_\_\_\_

Have you had a tetanus shot in the last 4 years? Yes No      Have you been immunized against Hepatitis B? Yes No  
 Have you received all childhood disease immunizations? Yes No      When was your last TB test? \_\_\_\_\_

Do you have any of the following?  
 \_\_\_\_\_ Hemophilia      \_\_\_\_\_ Lung disease, Asthma      \_\_\_\_\_ Allergy to bee stings      \_\_\_\_\_ Knee condition  
 \_\_\_\_\_ Diabetes      \_\_\_\_\_ Ulcer or other GI disorder      \_\_\_\_\_ Any other allergies      \_\_\_\_\_ Back condition  
 \_\_\_\_\_ Hernia/ruptures      \_\_\_\_\_ Heart defect/disease      \_\_\_\_\_ Seizures or other CNS disorder      \_\_\_\_\_ Arthritis

If you answered yes to any of the above, please describe the exact diagnosis and treatment:  
 \_\_\_\_\_

**EMERGENCY INFORMATION**

Participant's Name: \_\_\_\_\_  
 Participant's health insurance company: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
 Name of Policyholder \_\_\_\_\_  
 Relationship of Policyholder to Participant \_\_\_\_\_

Physician: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Relative or close friend to be notified in case of emergency:  
 Name: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_