



## BIL Form A - Guest Information -

Event Info		Customer Info	
Group Name:	# of Guests	Organizer/Host Name:	
Company Address:	Postal Code	Phone Number:	Mobile Office
Event Type		E-mail:	
Check-in Date	Time	On-site Contact:	
Check-out Date	Time	Phone Number:	

### Billing Summary (\*section for BIL\*)

Guest Room				
Room Type	Qty.	Price/Room	# of Nights	Total Price
Dbl. Occ. Twin/King Room (Garden View)	____/10			
Dbl. Occ. Twin/King Room (Ocean View)	____/8			
Triple Occ. Queen/Twin	____/2			
Quad Occ. 2 Queens	____/2			
Junior Suite Queen	1			
Cove Suite Queen	1			
Notes:			<b>Sub Total</b>	
Meeting Space				
Cove Suite as Meeting Room	1			
Board Room	1			
Bowen Room	1			
Notes:			<b>Sub Total</b>	
			<b>Grand Total</b>	



Group Name:

Update on:

## BIL Form B - Bowen Room -

Start Date	Time	End Date	Time
<b>Setting-up Instructions</b>			
1.			
2.			
3.			
4.			
5.			

**Floor Plan**

\* "right-click" to download the floor plan for making your own room layout and please send it back to [sales@bwoenislandlodge.ca](mailto:sales@bwoenislandlodge.ca)

### Rental Options

Services	Y / N	Qty.	Additional Instructions
AV Equipment			
Flip Charts			
Podium			
Interior Fireplace			
Rectangle Tables			
Round Tables			
Foldable Chairs			
Regular Chairs			
Coffee/Tea			



**BIL Form C**  
**- Board Room & Cove Suite -**

**Cove Suite**

Group Name:

Update on:

Start Date	Start Time	End Date	End Time
<b>Instructions</b>			
1. 2. 3.			

**Rental Options**

Services	Y / N	Qty.	Additional Instructions
AV Equipment			
Flip Charts			
Rectangle Tables			
Round Tables			
Foldable Chairs			
Regular Chairs			

**Board Room**

Start Date	Start Time	End Date	End Time
<b>Instructions</b>			
1. 2. 3.			

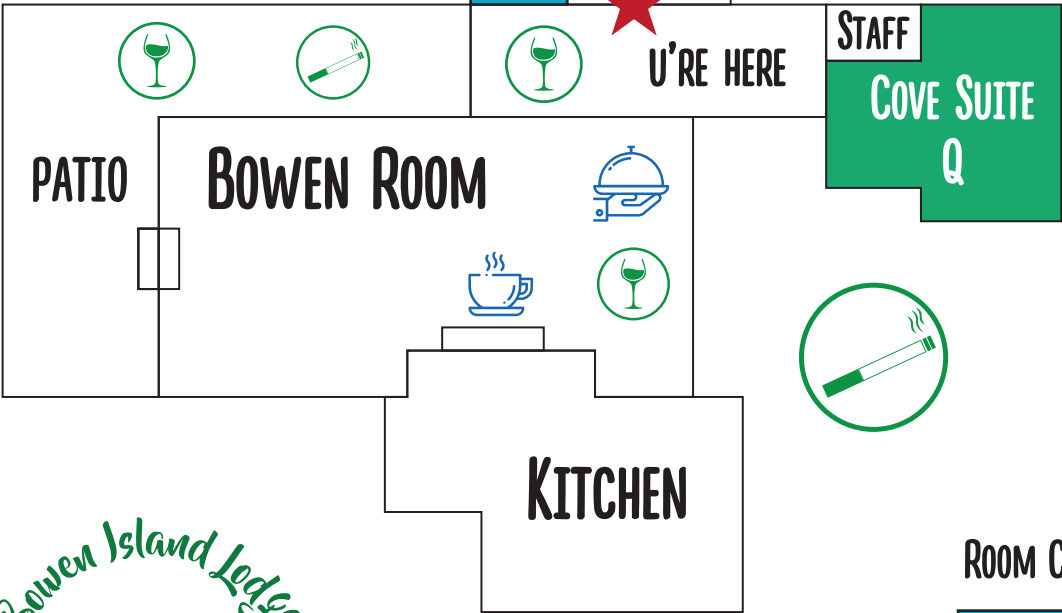
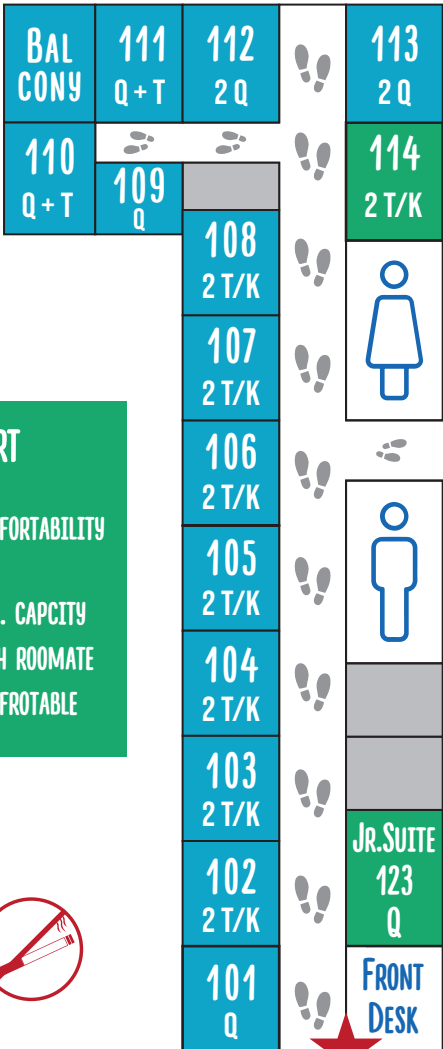
**Rental Options**

Services	Y / N	Qty.	Additional Instructions
AV Equipment			
Flip Charts			

BIL FLOOR PLAN



ROOM CAPACITY CHART		
CONDITION	HOW MANY	COMFORTABILITY
SHARE BED	54 GUESTS	MAX. CAPCITY
SHARE ROOM	42 GUESTS	WITH ROOMATE
PRIVATE ROOM	24 GUESTS	COMFROTABLE



Bowen Island Lodge  
380 Cardena Dr. Bowen Island, BC | V0N 1G1  
+1 (604) 721-6693 | +1 (887) 947-2129  
sales@bowenislandlodge.ca  
www.bowenislandlodge.ca

ROOM CONFIGURATION

OCEAN  
VIEW

ROOM NUMBER
2 TWINS/KING
QUEEN/2 QUEENS
QUEEN + TWIN

GARDEN  
VIEW



## BIL Room Assignment Form

Group: \_\_\_\_\_

Check-in Date&Time: \_\_\_\_\_ | \_\_\_\_\_ : \_\_\_\_\_

# of Guests: \_\_\_\_\_

Updated on: \_\_\_\_\_

**\*For the rooms that say 2 Twins or 1 King, please circle or write in your preference\***

**Please note: there will be a \$25.00 charge for a King converted to 2 Twins.**

No.	Guest 1 & 2		Guest 3 & 4		Room No.	Room Type	Bed Size
1					101	Water View	Queen
2					102	Water View	
3					103	Water View	
4					104	Water View	
5					105	Water View	
6					106	Water View	
7					107	Water View	
8					108	Water View	
9					109	Water View	Double
10					110	Water View	Q + Twin
11					111	Water View	Q + Twin
12					112	Water View	Two Queens
13					113	Water View	Two Queens
14					114	Garden View	
15					115	Garden View	
16					116	Garden View	
17					117	Garden View	
18					118	Garden View	
19					119	Garden View	King
20					120	Garden View	Queen
21					121	Garden View	
22					122	Garden View	
23					Jr. Suite (123)	Garden View	Queen
24					Cove Suite	Garden View	King

Day	Week	Date	Start Time	End Time	Menu Selection	Menu Details	Snacks	Appetizers	# of guests
Day 1									
Day 2									
Day 3									
Day 4									
Day 5									

No.	Name	Week	Meal	Food Allergies & Issues
1				
2				
3				
4				
5				
6				
7				
8				



## BIL Form G - Event Itinerary -

-Let us know what you might be doing-

Group Name:

Update on:

<b>Day 01</b>  <b>Week</b>  <b>Date</b>	<b>Start Time</b>	<b>End Time</b>	<b>Activity</b>	<b>Special Request</b>
<b>Day 02</b>  <b>Week</b>  <b>Date</b>	<b>Start Time</b>	<b>End Time</b>	<b>Activity</b>	<b>Special Request</b>
<b>Day 03</b>  <b>Week</b>  <b>Date</b>	<b>Start Time</b>	<b>End Time</b>	<b>Activity</b>	<b>Special Request</b>



## BIL Form G - Event Itinerary -

-Let us know what you might be doing-

Group Name:

Update on:

Day 04 Week Date	Start Time	End Time	Activity	Special Request
Day 05 Week Date	Start Time	End Time	Activity	Special Request
Day 06 Week Date	Start Time	End Time	Activity	Special Request



RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

BY SIGNING THIS AGREEMENT YOU WILL WAIVE CERTAIN  
LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

Participant's Initials

PLEASE READ CAREFULLY

First Name Last Name Date of Birth (dd/mm/yy)  
Address Emergency Contact Telephone  
City Prov./State Postal/Zip Code Country

BOWEN ISLAND LODGE (the “Operator”), all individuals or entities who provide or make available facilities, premises, equipment, or services for the Operator (the “Providers”), and the respective directors, officers, partners, employees, agents, guides, volunteers, independent contractors, representatives, successors and assigns of the Operator and the Providers (all of which, along with the Operator are the “Releasees”)

In this agreement, the term “Activities” includes all activities, events or services provided, arranged, organized, conducted, sponsored, or authorized by the Releasees and specifically includes without limitation still water kayaking, ocean kayaking, rental of kayaks, stand-up paddle boarding, surf skiing, hiking, swimming, backpacking, camping, orientation and instructional courses, camps, races, multi-day trips, guided activities and tours, transportation or travel to and from locations by motorized vehicle or boat, and all other activities, events, and services in any way connected with or related to Activities, whether taking place before, during, or following my participation in Activities.

ACKNOWLEDGMENT – SAFETY & PHYSICAL CONDITION

I am aware that there are instructors available to answer any questions that I may have as to the proper use of the equipment and regarding known risks inherent in Activities. I am aware that the physical exertion required of Activities and the forces exerted on the body can activate or aggravate pre-existing physical injuries, conditions, or congenital defects. I acknowledge that I understand my physical limitations and am sufficiently selfaware to stop physical activity before I become ill or injured. I acknowledge that I should seek medical advice if I know or suspect that my physical condition may be incompatible with Activities. I further acknowledge that reckless behaviour by me poses serious risk to others and that I will be held responsible for all damage or injury caused to property or persons as a result of my reckless conduct during Activities. I am aware and acknowledge that there is no obligation for any person to provide me with medical care during Activities and that there may be no nearby aid stations available for Activities. I acknowledge it is my sole responsibility to bring effective treatment for allergy attacks I may suffer during Activities.

ASSUMPTION OF RISKS

I am aware that Activities involves many risks, dangers, and hazards including but not limited to: accidents occurring during transportation or travel to and from the put-in; slips and falls while getting into or out of kayaks, other boats, or motorized vehicles; overturning of kayaks or stand-up paddle boards; loss of balance; collisions with surrounding geographic or landscape features or with other participants; entrapment by trees, logs, deadfall, boats, or equipment; hypothermia due to exposure to cold water; drowning; changing or inclement weather conditions including storms, high wind, high waves, and lightning; mechanical failure of equipment; accidents occurring while hiking, backpacking, or camping on terrain that may feature steep slopes in their natural state or other terrain that has not been travelled on, patrolled, or inspected; accidents due to variations in terrain including without limit holes, depressions, loose gravel, rocks, mud, roots, creeks; collisions with trees, tree stumps, forest deadfall, rocks, or other natural or man-made objects; encounters with wild and domestic animals; encounters with wild flora; becoming lost or separated from the participant's guide or instructor; failure to act safely or within one's ability; failure to stay within designated areas; and NEGLIGENCE ON THE PART OF THE RELEASEES, INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS, AND HAZARDS OF Activities.

I HAVE READ AND AM AWARE OF, AND FULLY ACCEPT, THE ABOVE RISKS, DANGERS, HAZARDS, AND OF THE POSSIBILITY OF PERSONAL INJURY, DEATH, AND PROPERTY DAMAGE OR LOSS, WHETHER TO MYSELF OR THAT I MAY CAUSE TO OTHERS.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT

In consideration of the Releasees allowing me to participate in Activities and permitting my use of their property, venue, or equipment (the “Facilities”), and for other good and valuable consideration the receipt and sufficiency of which is acknowledged, I HEREBY IRREVOCABLY AGREE AS FOLLOWS:

- TO WAIVE ALL CLAIMS** that I have or may in the future have against the Releasees and **TO RELEASE** the Releasees from any and all liability for any loss, damage, expense, or injury including death that I may suffer, or that my next of kin may suffer, resulting from either my use of or my presence on the Facilities DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, NEGLIGENT MISREPRESENTATION OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE (INCLUDING ANY DUTY OF CARE UNDER THE OCCUPIERS LIABILITY ACT, R.S.B.C. 1996, c.337) ON THE PART OF THE RELEASEES, AND ALSO INCLUDING THE FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD OR PROTECT ME FROM THE RISKS, DANGERS, AND HAZARDS OF ACTIVITIES;
- TO INDEMNIFY AND SAVE HARMLESS** the Releasees from any and all liability for any damage to property or personal injury of any nature to any third party, resulting from my use of or presence on the Facilities and my participation in Activities;
- If medical care is rendered to me as a result of injury, I consent to that care if I am unable to give my consent for any reason at the time the care is rendered;
- This agreement is effective and binding upon my heirs, next of kin, executors, administrators, assigns, and representatives, in the event of my death or incapacity;
- This agreement and any rights, duties, and obligations as between the parties to this agreement will be governed by and interpreted solely in accordance with the laws of the Province of British Columbia and no other jurisdiction;
- Any litigation involving the parties to this agreement must be brought within the Province of British Columbia and the parties attorneys' to the exclusive jurisdiction of the Courts of the Province of British Columbia;

I am not relying on any oral or written statements made by the Releasees with respect to the safety of Activities other than what is set forth in this agreement. I confirm that, before signing this agreement, I have read and understood it and am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns, and representative may have against the Releasees.

FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER 19 YEARS OF AGE

For and on behalf of a participant of minority age, by signing where indicated below, I hereby certify that I am the parent/guardian with legal responsibility for this participant of minority age, and acknowledge the risks associated with the participation by the participant in Activities and I hereby consent to the participation of the minority age participant in Activities and agree for myself, my heirs, executors, assigns, and next of kin, to release, indemnify, and save harmless the Releasees from all liabilities, howsoever arising, incident to the participation by the participant of minority age in Activities.

Signed this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_

Signature of Participant  
(Parent/Guardian signs if is <19)

Print Participant's Name  
(or Parent/Guardian if Participant is <19)

Age of  
Participant

Mobile phone

Witness Signature  
(the Operator or its staff)

Print Witness Name

THIS AGREEMENT MUST BE COMPLETED IN FULL,  
INITIALED, DATED, SIGNED, AND WITNESSED  
BEFORE PARTICIPATING IN ANY ACTIVITIES.



### Credit Card Authorization for Bowen Island Lodge

For our mutual protection, please complete the following form in full and email ([sales@bowenislandlodge.ca](mailto:sales@bowenislandlodge.ca)).

**Please return authorization attention:** Laura Yun

Company/Group Name: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ to \_\_\_\_\_  
YYYY/MM/DD YYYY/MM/DD

I, the undersigned, authorize Bowen Island Lodge to apply to my (Visa, Master Card, American Express) account, the charges noted below:

The charges to be applied are: (please check all that apply)

Deposit	( )
Room & Tax	( )
Catering Food and Beverage	( )
Meeting Room Rental & A/V	( )
Final Balance	( )
Other charges	( ) please specify _____

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Card Security Code: \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (Business): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_