

KAYAK ACADEMY

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

READ BEFORE SIGNING

Organization Name **KAYAK ACADEMY, INC.**

Participant Name _____

E-mail: _____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.

2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation.

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, IMDEMNIFY, AND HOLD HARMLESS THE KAYAK ACADEMY, INC.**, Washington State Parks, its officers, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (**RELEASEES**), from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE** to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____

Participant's Signature

Age

Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____

Parent/Guardian Signature

Date

Emergency Phone Number(s)

STUDENT RECORD & RELEASE OF HEALTH CARE INFORMATION

Name _____ Birth Date ___/___/___ Height ___ ___ Weight ___ Shoe size ___

Mailing Address _____ I'm staying at (hotel or friend's name): _____

City _____ State ___ Zip _____ Hotel or friend's phone _____ Room # _____

Occupation (be specific) _____

Home phone (_____) _____ Work phone (_____) _____ Cell phone (_____) _____

E-mail _____ Check here for E Newsletter. Disregard if you have already done this online.

How did you hear about the course? (If magazine please specify which) _____

Previous kayaking lessons (if yes describe) _____

Indicate if you have practiced capsizing and wet exit.

Indicate if you have ever succeeded in Kayak rolling; if yes how many years since last one? ____

Do you have a paddle preference? feathered unfeathered bent shaft Greenland no preference

I will bring my own dry suit and/or wet suit (bring both if you have them).

My own kayak is a: N/A , **Make** _____ **Model** _____

I will bring my own booties or kayak shoes (Note: rubber boots, sandals, and water socks that fall off are not allowed).

I will bring my own helmet (High Wind, Surf, River, and Tidal Rapids courses only).

My lesson begins on (date): _____

MEDICAL STATEMENT AND MEDICAL INFORMATION RELEASE

The ability and physical condition to swim well enough to feel comfortable in deep water without a buoyancy aid is a prerequisite to participate. Paddling and in-water kayak rescues can be exciting and strenuous activities. Your physical condition affects your safety for this activity. If you have heart trouble, epilepsy, asthma, or other medical problem(s) which may affect your ability to safely participate in kayaking related activities, seek the advice your physician before participating in this training.

Do you have any medical problems or physical conditions we should know about or that may affect your ability to participate? See list below. The following list is for your convenience only; it is not intended to be comprehensive. Attach extra sheets as needed.

___ Are you taking prescription or non-prescription medications other than birth control? [Y or N]

If yes above, describe _____

Have you ever had or do you currently have.....

___ Allergy to bee stings (If yes, obtain a prescription bee sting kit before going on our overnight and longer trips)

___ Motion sickness (carsick, etc.) **If prone to motion sickness you may get sea sick in a kayak, bring preventive medications**

___ Tendonitis or ___ Carpal Tunnel Syndrome _____

___ Dislocated shoulder, Right ___ or Left ___ or Both ___

___ History of recurrent back problems or back surgery

___ Claustrophobia or agoraphobia (fear of closed or open spaces), fear of water. Circle any that apply

___ Diabetes Any specifics we should know? _____

___ Asthma or wheezing with breathing or wheezing with exercise

___ Epilepsy, seizures, convulsions or take medications to prevent them

___ History of blackouts or fainting (full/partial loss of consciousness)

___ History of heart disease or heart attacks _____

___ Food and other allergies (Describe) _____

___ Dietary Preferences/Restrictions (please list) _____

___ Other _____

The information I have provided about my medical history is accurate to the best of my knowledge, and I agree to accept all risks associated with these conditions. In the event of a medical emergency I authorize the disclosure of this medical information and any other health care information collected on an emergency basis to medical care providers and their staff who may need it.

Signature _____ Date _____

Signature of parent or guardian _____ Date _____