

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 THEY ARISE 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 ____ ft. ____ in. Weight ____ lbs. Shoe size ____

Mailing Address _____ Emergency Contact: _____

City _____ State ____ Zip _____ Contact's Relationship: _____

Occupation (be specific, i.e retired engineer) _____

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

How did you hear about the course? _____

Previous kayaking lessons (describe) _____

Have you practiced capsizing and wet exit?

Have you ever succeeded in kayak rolling; if yes how many years since last one? ____

Do you have a paddle preference? straight shaft () bent shaft () small 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: **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): _____ Course Number: _____

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. If you have heart trouble, epilepsy, asthma, or other medical or physical condition(s) which may affect your ability to safely participate in kayaking activities, seek the advice your physician before participating in this training.

The following list is for your convenience only; it is not intended to be comprehensive. Attach extra sheets as needed.

____ List any prescription or non-prescription medications other than birth control: _____

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 (fear of closed spaces) ____, fear of water ____

____ Diabetes Any details we should know? _____

____ Asthma or wheezing with breathing or wheezing with exercise

____ Epilepsy, seizures, convulsions or taking 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 _____

Notes (leave for instructor to fill out):

Wet Exit Safely (Y/N) ____ 2-Person Rescue (Y/N) ____ Self-Rescue (Y/N) ____ Rolled (R, L or Both) _____

Did Provided Equipment Fit Well (or needs what size next time?) _____

How Did Provided Kayak Fit and Work (make and model) _____

Recommendations/Comments _____