

NEW ENGLAND INTERMEDIATE ROUGH WATER SYMPOSIUM  
MAINE ISLAND KAYAK CO  
**PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**  
**\*\*\* Read Before Signing\*\*\***

Participant/Paddler Name (Print): \_\_\_\_\_

In consideration of being allowed to participate in any way in the program, related events and activities of this Rough Water Training Weekend and/or BCU Update Event, 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 RELEASES** 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 representative and next of kin, **HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS MAINE ISLAND KAYAK CO**, its officers, officials, agents, coaches, guides and other assistants or employees, other participants, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the event (RELEASES), 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 RELEASES 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.**

**Signature:** \_\_\_\_\_

**Name (Please Print):** \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State / Prov: \_\_\_\_\_ Zip or Code: \_\_\_\_\_

Phone Numbers: (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact Name and Phone:**

\_\_\_\_\_

