

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 the program, related events and activities of this Rough Water Training Weekend at Camp Fuller and on-water venues, 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, agents, coaches, guides, employees and other contractors, assistants, 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:

If you have any questions, please do not hesitate to call 207.766.2373.

Please read, review and agree to prior to this event.
All participants are required to sign regardless of their relation to the event.
If you have any questions, please speak to your coach or guide or
Maine Island Kayak Co

CONFIDENTIAL HEALTH QUESTIONNAIRE

We are requesting this information to help the Rough Water Training Workshop and BCU Update Event better provide for first aid and emergency medical care, should that be necessary. We will consider this information confidential unless so needed.

- Do you wear a medic-alert Tag? yes no
If so, for what condition(s): _____.
- Do you have allergic reactions to any drugs, foods, insects, or other substances? yes no
If so, what? _____.
- Are you hypoglycemic? yes no
- Are you diabetic? yes no
- Have you ever had a heart attack or angina? yes no
- Do you have high blood pressure or other heart condition? yes no
- Do you have hemophilia? yes no
- Have you ever had a lung disease? yes no
- Do you have any disabilities of back, hips, shoulders, knees or ankles? yes no
- When you walk for one mile at an average pace (12-20 minutes) would you get out of breath, have chest or leg pains or get muscle fatigue? yes no
- Do you have any communicable or auto-immune diseases? yes no
- Are you presently taking any prescription medication? yes no
- Are you presently under care of a physician? yes no
If so for what condition? _____.
- Is there anything else we should know about your physical or emotional condition? _____ yes no

In case of emergency, please notify : _____ at

Phone (day) _____ (eve) _____