

Sea Kayak Carolina LLC Programs, Courses and Trips

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (If you want to be added to our mailing list): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone(s): \_\_\_\_\_

**Part I: Agreement to Participate and Hold Harmless**

In agreeing to participate in a **Sea Kayak Carolina LLC** (Sea Kayak Carolina) program, course or trip, I recognize certain risks and dangers exist. These risks include, but are not limited to, loss or damage of personal property, injury or fatality due to tripping over roots, falling from heights, drowning, allergic reactions to food or insects, exposure to temperature extremes or inclement weather, sunburn, and vehicle accidents while traveling to and from the activity site.

I understand Sea Kayak Carolina, its staff and other program participants shall assume no responsibility or liability for me for accident, illness, injury, loss or damage of personal property caused either by negligence or risks inherent in the activity. I acknowledge and assume all risks in connection with the activity, and I hold Sea Kayak Carolina and its agents harmless from any and all liability, action, claims, and damage of every kind.

Furthermore, I hereby grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

**Part II: Authorization for Emergency Medical Care**

I am aware of my general condition and affirm that I am fit to participate in any activities required for participation in this program. I will fully disclose any relevant medical information on this form and to Sea Kayak Carolina staff, and will engage in all prescribed activities except for those noted by me and/or my examining physician. In the event that I am rendered unable to communicate by an emergency or an accident, I authorize and request such medical services that may be necessary, and further agree to accept financial responsibility for same.

**Part III: Medical Information**

Your Sea Kayak Carolina program may involve strenuous physical activity. If you have questions regarding your health and participation, please consult your personal physician. We ask for the following information to be aware of potential problems, and to help you safely enjoy your time with us:

<b>Yes</b>	<b>No</b>	<b>Do you have or have you experienced any of the following? (Please check the appropriate column)</b>
___	___	Diabetes or difficulty maintaining blood sugar
___	___	High Blood Pressure
___	___	Heart Disease
___	___	Are you pregnant?
___	___	Back Problems
___	___	Asthma – If yes, what triggers it? _____
___	___	Dislocated joints – If yes, which joint(s)? _____
___	___	Seizures - If yes, when was your last? ___/___/___ How often do they occur? _____
___	___	Are you currently taking any medications? If yes, what types? _____
___	___	Please list any side effects (fatigue, sensitivity to sun, etc.): _____
___	___	Are you allergic to any medications, insect bites/stings and/or foods? Please list: _____
___	___	If yes, what happens & do you carry medication? _____

Please include details about any medical information that you checked YES for or other information that may be relevant to Sea Kayak Carolina staff, EMS or hospital staff \_\_\_\_\_

**My signature on this document is also intended to bind my heirs, representatives, executors or administrations.**

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature (Required if participant is less than 18 years of age.)

\_\_\_\_\_  
Date