

Name: _____

Phone: _____

Age: _____ Date of Birth: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Email (Only if you want to be added to our mailing list):

Emergency Contact: _____

Emergency Contact Phone(s): _____

Part 1: 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 2: 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.

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

Participant signature

Date

Parent/guardian signature

Date

(Required if participant is less than 18 years of age.)