

ATLANTIC KAYAK

Drinks: _____ Snacks: _____

Date:

RENTAL RECORD

Single Recreational Kayak

Depart Time:

Tandem Kayak

Return Time:

Mattawoman Creek

Name, printed legibly: _____

Please add me to your email list: _____

CELL PHONE ON THE WATER: _____

Home Address: _____

Emergency Contact: _____ Phone: _____

Lifesaving and Safety Equipment that you took with you at time of departure:

PFD (life vest) with whistle attached and paddle

I took the above equipment with me, and I agree to return all equipment to where I got it in the condition in which I received it or to pay for any necessary cleaning, repairs or replacements to return the equipment to the same condition. I also agree to wear the PFD at all times while on the water.

I AGREE TO STAY IN MATTAWOMAN CREEK.

Signature of Paddler or Parent or Guardian
if under 18 years of age

Date: _____



OVER





RELEASE OF LIABILITY
& ASSUMPTION OF RISK AGREEMENT

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in **Atlantic Canoe & Kayak Company's** (dba Atlantic Kayak Company, "AKC") operations, use of equipment, or its related events and activities, 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, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF **AKC** or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of employees of **AKC** immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS **AKC**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity of "**AKC**", WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF **AKC** 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.

Participant's Name

Signature

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT 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 **AKC**, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless **AKC** from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF **AKC**, to the fullest extent permitted by law.

Printed Name

Parent or Guardian's Signature

Date