

MEDICAL SUMMARY

In order for us to best serve you, and make the trip as smooth as possible, could you please share any pertinent medical information that might affect your participation in this event, or help us in the event of an emergency.

NAME

ADDRESS

PHONE

EMERGENCY CONTACT

EMERGENCY PHONE

AGE

HEALTH: General condition of health, physical limitations:

Medical history of any pertinence to outdoor activities:

Any psychological issues that could impact your experience:

Allergies, current medications:

Any special food requirements or food allergies:

Other comments:

INSIDE PASSAGES RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in this Inside Passages Sea Kayaking program, its related events and activities, 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, 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 THE RELEASEES 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 Inside Passages guides immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDIMNIFY, AND HOLD HARMLESS Inside Passages, their officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity (“Releasees”), 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 THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I understand that I am responsible for my own medical insurance and medical expenses should injury or illness occur on the trip. I further understand that I am responsible for any costs associated with emergency evacuation, or additional travel costs if I leave the trip prior to completion. No refunds for canceled arrangements shall be made due to weather, travel delays, substitution of accommodations, or other facilities equipment.

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.

X. _____ Age: _____ Date Signed: _____
Participant’s Signature