



# PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Portsmouth Kayak Adventures, Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "PKA", I hereby agree to release, indemnify, and discharge PKA, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that kayaking entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** Furthermore, PKA employees have difficult jobs to perform. They seek safety, but they are not infallible. they might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. Thereby voluntarily release, forever discharge, and agree to indemnify and hold harmless PKA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of PKA's equipment or facilities, **including any such claims which allege negligent acts or omissions of PKA.**

4. Should PKA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against PKA, I agree to do so solely in the state of NH and I further agree that the substantive law of NH shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

7. I have previous  Sea Kayak and/or  White Water experience.

8. I will respect the boundary limits as explained to me by the rental agent.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against PKA on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

## PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

**(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by PKA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless PKA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

# REGISTRATION FORM

Guests Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Email Address \_\_\_\_\_

## WHO TO CONTACT IN CASE OF EMERGENCY

Name \_\_\_\_\_

Phone \_\_\_\_\_

Do you have any medical conditions?  No  Yes — If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies?  No  Yes — If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you taking any medication?  No  Yes — If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any dietary restrictions?  No  Yes — If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you carry any medical insurance?  No  Yes — If yes, insurance company or provider:

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_