



## Participant Information Form

For office use:  
dep \_\_\_ waiv \_\_\_ date \_\_\_ name \_\_\_ gear \_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Course you are registering for \_\_\_\_\_ Course Date \_\_\_\_\_

What are your goals for this course? \_\_\_\_\_

\_\_\_\_\_

What are your paddling goals in the next year? \_\_\_\_\_

\_\_\_\_\_

Are you bringing your own kayak? *Yes / No* If yes, what model? \_\_\_\_\_

Please list previous instruction (if any) \_\_\_\_\_

\_\_\_\_\_

**Confidential Medical Information:**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Shoe Size \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Do you have, or have you ever had: *(please circle)*

- Diabetes, or hypoglycemia? \_\_\_\_\_ *Yes / No*
- Any breathing problems (such as Asthma)? \_\_\_\_\_ *Yes / No*
- Any orthopedic problems (shoulder, back, hip, knee, etc)? \_\_\_\_\_ *Yes / No*
- Any circulatory problems (chest pain, heart attack, blood pressure, etc)? \_\_\_\_\_ *Yes / No*

Are you under the care of a physician, and what for? \_\_\_\_\_ *Yes / No*

Are you presently taking any medications (please specify) \_\_\_\_\_ *Yes / No*

Are you allergic to any foods, insects, medicines, or other substances? \_\_\_\_\_ *Yes / No*

If so, to what? \_\_\_\_\_ Symptoms of exposure? \_\_\_\_\_

Please indicate any other conditions that might affect your participation in this course: \_\_\_\_\_

\_\_\_\_\_

When you walk a mile (15-20 min. pace), do you experience shortness of  
breath, chest pain, muscle soreness, or other discomfort? \_\_\_\_\_ *Yes / No*

Please rate your swimming ability: *Non-swimmer Beginner Intermediate Advanced*

**IN CASE OF EMERGENCY**

contact \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*name phone alternate phone*



**PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

*(Read Before Signing)*

Participant Name: \_\_\_\_\_

In consideration of being allowed to participate in any way in the program, 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.

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.

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS PINNIPED KAYAK, LLC, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES 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.

X \_\_\_\_\_ / /  
*Participant's Signature Age Date*

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR 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 all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_ / /  
*Parent/Guardian Signature Date Emerg. Phone #*