PARTICIPANT RELEASE OF LIABILITY AND REQUIREMENT:

A Waiver/Release Assumption of Risk form MUST be signed by ALL participants and the named insured is required to keep records of all signed waivers. Failure to comply with this condition is grounds for declination of a claim.

ASSUMPTION OF RISK AGREEMENT READ BEFORE SIGNING

Organization Name/Named Insured (as shown on policy) : Be	· · · · · · · · · · · · · · · · · · ·	es, LLC., dba Beaufort Paddle Rodney P. and Deborah H. Hoell
Participant Name:		
In consideration of being allowed to participate in any way in acknowledge, appreciate, and agree that:	the program, related eve	ents and activities, I the undersigned
1. The risk of injury from the activities involved in this program and death.	is significant, including the	e potential for permanent paralysis
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, NEGLIGENCE OF THE RELEASEES or others, and assum		
I willingly agree to comply with terms and conditions for participation, I will remove myself from participately.	ticipation. If I observe an	y unusual significant hazard during my
4. I, for myself and on behalf of my heirs, assigns, personal read the HOLD HARMLESS the Beaufort Paddle, its officers, cadvertisers, and, if applicable, owners and lessors of premicular claims, demands, losses, and liability arising out of or related or damage to person or property, WHETHER ARISIN OTHERWISE, to the fullest extent permitted by law.	officials, agents and/or en ses used to conduct the ed to any INJURY, DISAE	nployees, other participants, sponsors, event (RELEASEES), from any and all BILITY OR DEATH I may suffer, or loss
 I acknowledge and agree that I am responsible for any damage rental income and that Beaufort Paddle has my permission to c 		
6. I verify that I am physically fit and sufficiently qualified, to responsibility for myself and any minor children for whom loss of personal property and expenses related thereto as a Activity. I assume the risks of personal injury, accidents and or ligaments, fractured or broken bones, eye damage, drowning, oxygen shortage (anoxia), exposure, head, neck reaction, shock, paralysis or death.	rained and capable to partial lam responsible, for any result of any accident who will look in liness, including but no cuts, wounds, scrapes,	articipate in the Activity. I assume full bodily injury, accident, illness, death, sich may occur while I participate in the ot limited to sprains, torn muscles and/abrasions, contusions, dehydration,
7. I agree to refrain from using alcohol or drugs prior to and du Guard-approved personal flotation device (PFD or life jacke		
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT WITHOUT ANY INDUCEMENT.		
X		
Participant's Signature	Age Date	
FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)	R	
This is to certify that I, as parent/guardian with legal responsibility provided above of all the Releasees, and, for myself, my heirs, as harmless the Releasees from any and all liability incidents to my provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF	ssigns, and next of kin, I r y minor child's involvemer	elease and agree to indemnify and hold at or participation in these programs as
X	Doto	Emorgonou Dhona Niimhay/a
Parent/Guardian Signature	Date	Emergency Phone Number(s)

MEDICAL INFORMATION

PARTICIPANT'S NAME: _											 	
DRIVER'S LICENSE #: _					 					 		
AGE:	□ MALE	- FEMAL	E									
HEIGHT:	WEIGH	T:			 	HAIF	R CO	LOF	R:	 	 	
PHYSICAL ADDRESS:					 					 	 	
MAILING ADDRESS, IF DI												_
EMAIL:												
NUMBER IN YOUR GRO												
NAMES:					 						 	
PHONE NUMBER:										 		_
EMERGENCY CONTACT:												_
ANY ALLERGIES OR PHY												_
PRIMARY PHYSICIAN NA	ME AND COI	NTACT: _									 	_
RATE YOUR SWIMMING		0:	1	2								