

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.

Organization Name/Named Insured (as shown on policy) : Beaufort Marine Enterprises, LLC, dba Beaufort Paddle
Property Owners Rodney P. and Deborah H. Hoell

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:

- 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.

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.

Please continue to second side

MEDICAL INFORMATION

PARTICIPANT'S NAME: _____

DRIVER'S LICENSE #: _____

AGE: _____ ☐ MALE ☐ FEMALE

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS, IF DIFFERENT: _____

EMAIL: _____

NUMBER IN YOUR GROUP: _____

NAMES: _____

PHONE NUMBER: _____

EMERGENCY CONTACT: _____

ANY ALLERGIES OR PHYSICAL IMPAIRMENTS: _____

PRIMARY PHYSICIAN NAME AND CONTACT: _____

RATE YOUR SWIMMING ABILITY 1-10: 1 2 3 4 5 6 7 8 9 10

GREAT
SWIMMER