

WAIVER OF LIABILITY AND RELEASE

I, _____ (please print) understand and acknowledge that the sea kayak instruction or trip I am undertaking is **physically and emotionally demanding and involves significant risks and hazards**, such as collision with power boats, hypothermia, joint injuries and even drowning. I am fully capable of participating in this activity, and will and do assume the risk of mortal or serious accident, injury and loss of equipment. In addition to the risks inherent in sea kayaking, wilderness adventuring and cold-water ocean travel have numerous unpredictable hazards and stresses.

I am voluntarily and willingly choosing to engage in the sport of sea kayaking, and I fully understand and accept the risks associated with it. I also understand that while my instructors, guides or leaders may have first aid training, they are not trained in extensive emergency medical procedures and that in the event of a serious medical emergency, treatment may be several hours to more than days away. I give my permission to the guides, instructors, and other participants on this trip to seek emergency medical treatment for me, even in the event that I am unconscious or can't otherwise consent.

I agree to exercise all necessary caution during any instructionals and on any trip and to obey the safety requirements of those assisting me. I also agree to inform RUGGED COAST ADVENTURES LTD. the guides and instructors of any significant aspects of my physical condition or medical history that might increase the risk to myself or others. I understand that I (or my personal health, homeowners or accident insurance) will cover any costs or other liabilities I may incur during this sea kayak adventure, and I agree to be responsible for any equipment loss or breakage due to my negligence or inattention.

I HAVE CAREFULLY READ AND CONSIDERED THIS INFORMATION AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING CERTAIN RIGHTS and I otherwise may have and enter into this contract on behalf of myself and my family in consideration of being permitted to participate in this adventure. I therefore totally and completely release and absolve RUGGED COAST ADVENTURES LTD., Clark Weissinger and any and all other guides, instructors and participants on this lesson, workshop or trip from any blame, negligence, undue responsibility, or liability of any sort. I also give permission for any photographs taken during this trip to be used by RUGGED COAST ADVENTURES LTD. for any reason, and I agree that RUGGED COAST ADVENTURES LTD. is not responsible for loss or damage to my personal property or other valuables. I have read RUGGED COAST ADVENTURES LTD. Terms & Conditions and understand and agree with those provisions.

Signature: _____ Date: _____ Course or Trip: _____
Name (**Please Print**): _____ Email: _____
Street _____ City: _____
State/Prov: _____ Zip: _____
Phone Number: (day) _____ (eve) _____

CONFIDENTIAL HEALTH QUESTIONNAIRE

We are requesting this information to help Rugged Coast Adventures Limited provide for better first aid and emergency medical care, should that be necessary. We will consider this information confidential until then.

- Do you wear a medic-alert Tag? Yes/No
If so, for what condition(s): _____
- Do you have allergic reactions to any drugs, foods, insects, or other substances? Yes/No
If so, what? _____
- Are you hypoglycemic? Yes/No
- Are you diabetic? Yes/No
- Have you ever had a heart attack or angina? Yes/No
- Do you have high blood pressure or other heart condition? Yes/No
- Do you have hemophilia? Yes/No
- Have you ever had a lung disease? Yes/No
- Do you have any disabilities of back, hips, shoulders, knees or ankles? Yes/No
- When you walk for one mile at an average pace (12 – 20) minutes) would you get out of breath, have chest or leg pains or get muscles fatigue? Yes/No
- Do you have any communicable or auto-immune diseases? Yes/No
- Are you presently taking any prescription medication? Yes/No
- Are you presently under care of physician?
If so for what condition? Yes/No
- Is there anything else we should know about your physical or emotional conditon?** Yes/No
- In case of emergency, please notify: _____ at
Phone(day)_____ (eve)_____