

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

Phone: \_\_\_\_\_ eMail: \_\_\_\_\_  
optional

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone(s): \_\_\_\_\_

### **Part 1: Agreement to Participate and Hold Harmless**

In agreeing to participate in a **Sea Kayak Carolina LLC** (Sea Kayak Carolina) program, course or trip, I recognize certain risks and dangers exist. These risks include, but are not limited to, loss or damage of personal property, injury or fatality due to tripping over roots, falling from heights, drowning, allergic reactions to food or insects, exposure to temperature extremes or inclement weather, sunburn, and vehicle accidents while traveling to and from the activity site.

I understand Sea Kayak Carolina, its staff and other program participants shall assume no responsibility or liability for me for accident, illness, injury, loss or damage of personal property caused either by negligence or risks inherent in the activity. I acknowledge and assume all risks in connection with the activity, and I hold Sea Kayak Carolina and its agents harmless from any and all liability, action, claims, and damage of every kind.

Furthermore, I hereby grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

### **Part 2: Authorization for Emergency Medical Care**

I am aware of my general condition and affirm that I am fit to participate in any activities required for participation in this program. I will fully disclose any relevant medical information on this form and to Sea Kayak Carolina staff, and will engage in all prescribed activities except for those noted by me and/or my examining physician. In the event that I am rendered unable to communicate by an emergency or an accident, I authorize and request such medical services that may be necessary, and further agree to accept financial responsibility for same.

*Continued on reverse*

### Part 3: Medical Information

Your Sea Kayak Carolina program may involve strenuous physical activity. If you have any questions regarding your health or participation, please consult your personal physician. We ask the following information to be aware of potential problems and safely enjoy your time with us. Attach additional pages as needed.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Yes	No	Do you have or have you experienced?
_____	_____	Diabetes or difficulty maintaining blood sugar
_____	_____	High blood pressure
_____	_____	Are you pregnant?
_____	_____	Dislocations. If yes, which joints? _____
_____	_____	Seizures. If yes, what tends to trigger them? _____
_____	_____	Are you currently taking any medications?
_____	_____	If yes, what type for what conditions? _____
_____	_____	Please list any side effects (fatigue, sensitivity to sun, etc.)
_____	_____	Are you allergic to any medications, insect bites/stings, and/or foods? Please list: _____
_____	_____	If allergic to insect stings, do you carry medication?
_____	_____	Are there any limitations to your activities? Please describe: _____

Describe your kayaking experience: \_\_\_\_\_  
\_\_\_\_\_

Describe your general health: \_\_\_\_\_  
\_\_\_\_\_

#### Exceptions to treatments/hospitalizations:

Insurance company: \_\_\_\_\_ Group number: \_\_\_\_\_

Policy holder's name: \_\_\_\_\_

Preferred physician: \_\_\_\_\_ Preferred hospital: \_\_\_\_\_

Additional comments: \_\_\_\_\_

*My signature on this document is also intended to bind my heirs, representatives, executors or administrations.*

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature  
(Required if participant is under 18 years of age.)

\_\_\_\_\_  
Date