

# PENDER ISLAND KAYAK ADVENTURES WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Your signature on this form indicates you accept the conditions out lined below and understand the risk inherent in these activities. You also acknowledge that you have read this document at your leisure and have adequate time to decide whether to participate in these activities.

A trip is defined as starting when the group assembles to commence the activity and ends when the group finishes at the planned destination.

I, the undersigned, in consideration of being permitted to participate in a kayak tour or rental or hiking tour with Pender Island Kayak Adventures, hereby for myself, my heirs, executors, administrators and assigns release and forever discharge Pender Island Kayak Adventures, its agents or employees.

I, on behalf of myself, my next of kin, my heirs, executors, administrators and assigns hereby agree to save harmless and indemnify Pender Island Kayak Adventures and Port Browning Marina Resort Ltd. and G & L Enterprises Ltd. from and against all liability. I recognize and acknowledge the possibility of damage or loss to my property and injury or death to myself and I further recognize and acknowledge risks and hazards involved in my participation in the activity, including but not limited to such hazards as travel in general, wildlife incidents, sudden changes in weather, failure of equipment, the possibility of becoming lost, hypothermia and all other hazards associated with kayaking, hiking, wilderness travel, and all other activities arising out of or in connection with Pender Island Kayak Adventures and I agree to assume all such risks and hazards, and I further agree to bear all costs of search, rescue or medical attention rendered to me or in connection with me arising from the activity.

I recognize and acknowledge that the destination of the Trip may be changed and I hereby acknowledge that this waiver and assumption of risk shall apply to the alternative Trip.

As a renter of kayaks (ratio 1:3) I confirm that I have taken the course(s) or have the experience appropriate to and necessary for the Trip.

## **I HAVE READ THIS WAIVER AND ASSUMPTION OF RISK AGREEMENT, I UNDERSTAND IT, AND I ACCEPT ITS TERMS.**

If under the age of 18, this waiver and assumption of risk agreement must be signed by a parent or guardian (see bottom of page).

<b>DATE</b>	<b>PARTICIPANT SIGNATURE AND NAME</b>	<b>PARTICIPANT SIGNATURE AND NAME</b>
_____	_____	_____
	(signature)	(signature)
	_____	_____
	(printed name)	(printed name)

**Underage participant's name (please print):** \_\_\_\_\_

<b>DATE</b>	<b>PARENT / GUARDIAN SIGNATURE AND NAME</b>
_____	_____
	(signature)
	_____
	(printed name)

### **MEDICAL INFO:**

- Do you have any medical conditions we should be aware of?
- Are you on any medication?
- Do you have any allergies?(bees, wasps, pollen)
- Do you carry medication/kit for this?
- Do you have a heart condition?
- Do you have any physical concerns?