

**Prairie Sea Kayak Adventures
Box 231, Camp Morton, MB, R0C 0M0**

NAME OF APPLICANT: (print) _____

ADDRESS (home): _____

CITY: _____ PROVINCE or STATE _____

POSTAL/ZIP
CODE: _____ TELEPHONE: _____

E-MAIL _____

ASSUMPTION OF RISK

I am aware that kayak tours involve many inherent risks, dangers and hazards, including but not limited to weather conditions; high winds; changes in wind direction; equipment failure; encounters with wildlife; variation of water conditions; exposed rock, trees, logs, docks, wharfs or other natural or man made objects, other kayaks, sailboats, power boats, swimmers or pedestrians; failure to navigate safely within one's own ability; negligence of other participants; and NEGLIGENCE ON THE PART OF PRAIRIE SEA KAYAK ADVENTURES., and their directors, employees, agents, employees, volunteers and representatives and I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting from them.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of Prairie Sea Kayak Adventures and their directors, officers, employees, agents, volunteers and representatives permitting me to participate on the kayaking tours, I hereby agree as follows:

1. To WAIVE ANY AND ALL CLAIMS that I have or may in the future have against PRAIRIE SEA KAYAK ADVENTURES, their directors, officers, employees, agents, volunteers and representatives (all of whom are hereinafter collectively referred to as the "Releasees")
2. To RELEASE THE RELEASEES from any and all liability for any loss, damage, death injury or expense that I may suffer or that my next of kin may suffer as a result of my participation on a kayaking tour, due to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF THE RELEASEES;

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS,
INDEMNITY AGREEMENT, AND JURISDICTION AGREEMENT**
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE.

3. I AGREE TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES for any injury, loss or property damage to any third party resulting from my participation on their kayak tour; and
4. That this agreement shall be effective and binding upon my heirs, next of kin, executors' administrators and assigns, in the event of my death.
5. All instructions on the use of my equipment have been made clear to me and I understand the function of my equipment.
6. All support documentation I have provided is true to the best of my knowledge and I am 18 years of age or older, or, if I am a minor, I am accompanied by a parent or guardian.

I HAVE READ AND UNDERSTAND THE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT,

I agree to wear a personal flotation device at all times.

Signature of applicant Print name clearly here

Signature of Witness Print name clearly here

Signed this _____ day of _____, 20__.

Emergency Contact:

Name _____ Phone _____

Relation to applicant _____

If applicant is under 19:

Parent's name _____ Work phone _____

Note: Parents should sign the medical and waiver form.

MEDICAL FORM

Name of Applicant: _____

Medical insurance plan: _____

Physical condition: _____

Allergies life threatening _____

Allergies non life threatening _____

Known allergies (food/drug/insect/etc.) _____

Date of last Tetanus inoculation or booster: _____

Are you on any medications (prescription or non-prescription)? yes ___ no ___

If yes, please specify: _____

Have you been under a doctor's care in the past 12 months? yes ___ no ___

If yes, please specify: _____ epilepsy,
diabetes, susceptibility to colds, headaches, nosebleeds, fainting, asthma, hay fever, emphysema, or
others: _____

History of joint injury (tendonitis, bursitis, sprain, dislocation, or other):

Eyesight ___ Excellent ___ Good ___ Fair ___ Poor ___ Glasses* ___ Contacts

*If you are dependent upon glasses for adequate vision, a spare set should be brought with you.

Do you have any physical limitations? _____

Do you feel that you have any psychological limitations? (i.e.. fear of water, fear of heights, etc.) Please
explain: _____

The above medical information is complete and accurate. If any of the information changes, I will inform
the instructors so that the changes can be recorded. I have read the trip outline and physical
requirements. I am in good physical condition to participate. I have read the disclosure information and
understand the possible hazards that may be encountered on the trip. I agree to adhere to the rules and
regulations set up by the leaders of the trip to minimize risk and ensure safety. I have read the Disclaimer
of Liability of Coast Mountain Expeditions. Ltd. (Safety and Responsibility, the "fine print") and agree to be
bound by its terms and conditions

**Prairie Sea Kayak Adventures Phone (204) 642-2707
Box 231, Camp Morton, MB, R0C 0M0**