



MAINE ISLAND KAYAK CO  
PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

**\*\*\*Read Before Signing\*\*\***

Participant/Paddler Name (Print): \_\_\_\_\_

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:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS MAINE ISLAND KAYAK CO, its officers, official, agent and or employees, other participants, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the event (RELEASES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law.

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.

Signature: \_\_\_\_\_ Course or Trip: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

This form and the Confidential Health Questionnaire must be completed and returned to:

MIKCo, 70 Luther St, Peaks Island, ME 04018

If you have any questions, please do not hesitate to call 207.939.6045

Maine Island Kayak Co

CONFIDENTIAL HEALTH QUESTIONNAIRE

*We are requesting this information to help MIKCO 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 muscle 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 a physician? yes    no

If so, for what condition: \_\_\_\_\_

Is there anything else we should know about your physical or emotional condition? yes    no

If yes, explain: \_\_\_\_\_

**In case of emergency, please notify:** \_\_\_\_\_

**Phone (Day):** \_\_\_\_\_ **(Eve):** \_\_\_\_\_

This form must be completed and returned to: MIKCo, 70 Luther St, Peaks Island, ME 04108

If you have any questions about, please speak to your guide or call 207.939.6045

Maine Island Kayak Co