

Castine Kayak Adventures

Registration Form....Release and Assumption of Risk... Medical History

The information requested on on this form is essential for ensuring your safety and enjoyment of our program. Please read carefully, fill out, sign and return to Castine Kayak Adventures.

Registration Information

Program _____ Date _____

Name _____

Address _____

City _____ St _____ Zip _____

Home Phone _____ email _____

Birthday ____/____/____ Height _____ Weight ____lbs ____M ____F

*What do you hope to gain from your experience with our program?? _____

*How did you hear about Castine Kayak????? _____

*Please Rate your kayaking skills :

Beginner Advanced Beginner Intermediate Advanced Expert

*Do You have any special dietary needs or wants?

None vegetarian no red meat no dairy no shellfish

*Other _____

Confidential Medical History/Emergency Contact

In Case of Emergency Please contact: _____

Address: _____ City _____ St _____ Zip _____

Phone _____ Relationship _____

Please check off any allergies Insects Aspirin Penicillin Neoprene

Medications? _____ Food? _____

Fabrics _____ other? _____

Please Describe Reaction and treatment for any known allergies _____

*Please check if you have any past history problems with any of the following

Hypoglycemia Diabetes Heart Disease High BP Poor circulation Asthma

Shoulders Back Hip Knee/ankle Sight Hearing

*Please Explain any other Physical disabilities or medical conditions _____

*Please List any medications used during trip and what they are used for. _____

Release and Assumption of Risk

1. I acknowledge that I have voluntarily enrolled in program with Castine Kayak Adventures and in consideration of being permitted to participate, I voluntarily execute this "Release and Assumption of risk on behalf of myself, my heirs, next of kin, my personal representatives and my estate.
2. I understand the nature, scope and demands of the program and assert that I am in good physical condition to meet the requirements to participate in the program.
3. I understand that the program may involve variable conditions and risks beyond the control of Castine Kayak and I agree to personally assume and appreciate such risks. Dangers may include but not be limited to: Hypothermia, fatigue, drowning, falls, collision with objects, unexpected weather changes, accidents or illness in remote areas without medical facilities, travel in vehicle with driver other than myself and the possibility of not returning within a designated time period.
- 4 I understand that every effort will be made to ensure the comfort and health of participant but the sponsoring agency or its staff cannot be held liable for any injuries sustained which were not caused by their failure to take due care.
5. I authorize the program leader to secure medical advise and services as they deem necessary for the health of myself or minor and I agree to assume financial responsibility.
6. I accept and assume full responsibility for all harm and injury, of every nature, including death, which may occur to me and I assume full responsibility for damages or loss of personal property or property issued to me by Castine Kayak Adventures while I'm participating in program or using their property. I agree to indemnify and hold harmless Castine Kayak Adventures and its employees and its hosting facility, from and against any claims, demands, actions or causes of action , on account of damage to personal property, or to my personal injury or death, which may result directly or indirectly from my participation and which results from causes beyond the control of and without the fault or negligence of Castine Kayak Adventures and it employees.
7. I agree to abide by the rules and regulations imposed by Castine Kayak guides
8. I agree that I will be cooperative and helpful to all other participants and will not be disruptive of staff or group objectives.
9. I request that this "Release And Assumption of Risk" be construed and interpreted pursuant to the laws of the State of Maine and if any portion is held invalid, the remainder will continue in full force.
10. I authorize and give full consent to Castine Kayak Adventure to copyright or publish all photographs or video in which I the undersigned appear while enrolled in program.

Please feel free to tip your guide according to their performance!

My signature confirms that I have read and understood and agree to the terms listed above
(parents or legal guardian must sign for children under 18 years)

Signature _____ Date _____

Minors Name _____
(I am the parent or legal guardian for identified minor on whose behalf I sign this agreement)

Parent/Guardian _____ Date _____

Please Return completed form to Castine Kayak , PO Box 703 Castine, Me 04421

Course or Trip Registration Form

Please Complete the following and submit to address below with payment
Castine Kayak Adventures, PO Box 703, Castine, Maine 04421

Program _____

Course Fee: \$ _____ Amount Enclosed \$ _____

Trip or Program Date _____

Name _____

Address _____

City _____ St _____ Zip _____

Home Phone _____ email _____

Please Check appropriate Box

I will need Castine Kayak to provide gear for the program

Age _____ Height _____ Weight _____ lbs _____ M _____ F

I have my own pre-approved gear (check for pricing may receive discount, gear must meet the approval of Castine Kayak Adventures Staff)

For ocean trips kayaks MUST HAVE SEALED BULKHEADS and be a minimum of 15' long

Please fill out the following information about your gear

Boat make _____ Model _____

Length _____

Sealed bulkheads? _____

Approved by _____ (to be signed by CKA staff)

Please check off skills that you are proficient at :

1. Basic Paddle strokes YES or NO
2. Self Rescue: Yes or No
3. Rolling skills Yes or No

*Please let us know what you hope to gain in your experience with us and if you have any specific needs or wants during the program! Use the back if you need space!