

PADDLER'S INN GUEST CONTACT AND WAIVER FORM

Tour Date: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ E-mail: _____

Medical and Fitness Information:

Insurance provider and number: _____

Family doctor's name and phone #: _____

Evaluate your physical condition: Please check one
Below average___ Average___ Above average___ Excellent___

Evaluate your swimming ability:
Non swimmer___ Below average___ Average ___ Above average___

Do you have any conditions which may affect your safety, or the health and safety of other participants?
Yes___ No___

Has there been any change in your health in the past year that may affect your ability to participate in any of our events?
Yes___ No___

If you have answered "YES" to either of the above questions, please explain:

Please circle the appropriate answer:

Yes No I have allergies to medications, foods, or the environment.
Please describe: _____

Yes No Are you currently under doctor care?
Please explain: _____

Yes No Are you pregnant?
Yes No Do you have Asthma?
Yes No Do you have Epilepsy?
Yes No Do you have Diabetes?
Yes No Do you have Heart disease, or high blood pressure?

My weight is: 0-100lb s 100-200lbs 200-250lbs 250lbs & over

EMERGENCY CONTACT INFORMATION:

Name: _____ Relation: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Pager: _____

WAIVER AND RELEASE OF LIABILITY

In consideration of being permitted to stay at, and participate in any way with The Paddlers' Inn accommodation, catered meals, activities, events, and trips, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved at the resort, and through its programs is significant, including the potential for permanent paralysis and death: and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist: and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with stated and customary terms and conditions for participation. If however, 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; and,

4. I, for myself and on the behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE Paddlers' Inn, their officers, officials, volunteers, agents, and / or employees, contractors, other guests or participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of equipment used to accommodate or conduct an event (all of whom are referred to as "releasees"). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature: _____ Date: _____

Witness: _____ Date: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER 18 DURING VISIT)

MINOR___ (check if appropriate)

This is to acknowledge and certify that I, as a parent /guardian /doctor with legal responsibility for this person, do consent and agree to his / her release as provided above of all the releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's accommodation, catered meals, involvement, or participation in any activities available at, or through The Paddlers' Inn.

Parent
Guardian

Doctor: _____ Date: _____

Witness: _____ Date: _____