



ADVENTURE CRAFTERS, LLC

WAIVER AND RELEASE OF LIABILITY

Please Read Carefully

FOR OFFICE USE:	
<input type="checkbox"/> TOUR	<input type="checkbox"/> INSTRUCTION <input type="checkbox"/> DEMO
DATE _____	TIME _____
GUIDE/INSTRUCTOR _____	
<input type="checkbox"/> MEMBERSHIP	<input type="checkbox"/> SEASONAL <input type="checkbox"/> OTHER
FROM _____	
TO _____	

In consideration of Adventure Crafters, LLC (hereinafter "Adventure Crafters") furnishing services and/or equipment to enable me to participate in outdoor recreational activities, including, but not limited to, kayaking, canoeing, sailing, expeditions, camping, and stand up paddle boarding, I agree as follows:

I fully understand and acknowledge that the outdoor recreational activities I will be engaging in are activities that involve risk of serious injury, including permanent disability and death, severe social and economic losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Risks and dangers may arise from foreseeable or unforeseeable causes including but not limited to, guide decision making, including that a guide may misjudge terrain, weather, trail or river route location and water level, risks of falling out of or drowning while in a raft, canoe, or kayak, and such other risks, hazards and dangers that are integral to outdoor recreational activities that take place in a wilderness, outdoor or recreational environment. By my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or part by the negligence or other conduct of the owners, agents, officers or employees of Adventure Crafters, LLC, or by any other person.

I further agree that prior to participating, I will inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise Adventure Crafters of such condition(s) and refuse to participate.

I, on behalf of myself, my personal representatives, and my heirs hereby voluntarily agree to release, waive, discharge, covenant not to sue, hold harmless, defend and indemnify Adventure Crafters, LLC and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of Adventure Crafters' equipment or my participation in kayaking, canoeing, sailing, expeditions, camping, stand up paddle boarding, bike tours, and/or other outdoor recreational activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may presently have or in the future have, for the negligent acts or other conduct by the owners, agents, officers or employees of Adventure Crafters.

The venue of any dispute that may arise out of this agreement or otherwise between the parties to which Adventure Crafters or its agents is a party shall be Queen Anne's County, Maryland.

This waiver may not be modified in any way. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

I HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

PLEASE FEEL FREE TO TIP YOUR GUIDE ACCORDING TO PERFORMANCE

Participant's Name	Signature	Date	
Address	City	State	Zip
Phone #	Email – Yes, add me to your list.	Date of Birth	

Under 18:

Parent/Guardian	Signature	Relationship
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IN CASE OF EMERGENCY

Contact person's name	Relationship		
Home Phone	Cell Phone	Work Phone	

EXPERIENCE

Describe your outdoor experience relevant to this activity:

Approximately how many times have you paddled a kayak? _____

Can you swim? Yes No

MEDICAL INFORMATION (check yes or no)

Yes No Heart disease

Yes No Are you pregnant?

Yes No Diabetic

Yes No Are you currently under a doctor's care?

Yes No High blood pressure

If yes, explain _____

Yes No Asthma

Yes No Epilepsy

Yes No Chest pain with physical exertion

Yes No Food or insect allergy?

Yes No Back problems

If yes, explain _____

Yes No Dislocation

Yes No Have you ever had a heart attack or stroke

If yes, Do you carry an EpiPen? Yes No

Yes No Do you smoke?

Height _____ Weight _____ Shoe Size _____

List any dietary restrictions: _____

List any physical limitations: _____

Please give a brief but accurate description of your general health and weekly activity level: _____

I affirm that my health is good and that the above information is accurate and complete.

Signature _____ Date _____

FOR OFFICE USE:

For membership, seasonal instruction and information updates only:

Membership Seasonal Information Update Other _____

I understand that this waiver is good for the period ____/____/____ to ____/____/____.

I acknowledge that it is my responsibility to provide Adventure Crafters with any changes to my Medical Information.

Signature _____ Date _____