



***Coastal Maine Kayak***  
**KAYAK TOUR Registration Form**

TOUR: \_\_\_\_\_ DATE: \_\_\_\_\_

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

If Boat is needed Please fill in additional information:

Reserved Boat \_\_\_\_\_

Swimming Ability: \_\_\_\_\_

Level of Experience: \_\_\_\_\_

Please complete and send Medical History Form, Waiver of Liability Form, and the Registration Forms to:

***Coastal Maine Kayak***  
***P.O. Box 735***  
***Kennebunkport, Maine 04046***  
***207- 967-6065***

*Coastal Maine Kayak reserves the right to change locations due to weather and/or cancellation due to lack of participation.*

**Coastal Maine Kayak Medical History Form**

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Number: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_

Insurance #: \_\_\_\_\_

Please list any medications that you are currently taking below:

\_\_\_\_\_

Allergies (including bees &amp; food):

\_\_\_\_\_

Circle one:

Diabetes:            yes            no      Back problems:            yes            no

Epilepsy:            yes            no      Asthma:            yes            no

Heart problems:    yes            no      Fainting:            yes            no

Knee problems:    yes            no      High blood pressure:    yes            no

If yes please explain \_\_\_\_\_

Date of your last medical check-up: \_\_\_\_\_

Current exercise activity: \_\_\_\_\_

Please list any pertinent information that you feel we should know about:

\_\_\_\_\_

\_\_\_\_\_

**Coastal Maine Kayak Waiver and Release of Liability**  
P. O. Box 735 Kennebunkport, Maine, 04046

Notice: this release form is a contract with legal consequence that applies to all undersigned willing participants on various trips and events of Coastal Maine Kayak lead by

Coastal Maine Kayak Trip Leaders.

**PLEASE READ CAREFULLY BEFORE SIGNING**

I fully understand the dangers participating in water sport / activities and fully assume the risk associated with such participation including by way of example, and not limitation, the following; the dangers of collision with paddlers, boats, ships, docks, and fixed or moving objects, the dangers arising from surface hazards, equipment failure, trip leader negligence, inadequate safety equipment, and weather conditions; and the possibility of serious physical and or mental trauma or injury, including death, associated with athletic paddling trips and events.

I hereby waive, release and discharge for myself, my heirs, executors, administrators, legal representatives, assigns and successors in interest (hereinafter collectively "successors") any and all rights and claims which I have or may hereinafter accrue to me against Coastal Maine Kayak and trip leader, including travel to or from any such locations.

I agree it is my sole responsibility to prepare adequately for participation in Coastal Maine Kayak activities. I understand and agree that situations may arise during trips/events which may be beyond the control Coastal Maine Kayak, and Coastal Maine Kayak trip leaders responsible for organizing such events and I must participate on this trip/event by properly wearing water safety devices, and assume all responsibility and liability for others or myself participating in this trip/event.

I agree for myself and successors, the above representations are contractually binding, and are not mere recitals and that should I or my successors assert my claim in contravention of this agreement, I or my successors shall be liable for the expenses (including fees) incurred by the other party or parties in defending, unless the other party or parties are finally adjudged liable on such claim for willful and wanton negligence. This agreement may not be modified orally, and a waiver of any provision herein or as a consent to any other provision or as a consent to any subsequent waiver or modification.

The undersigned has read the above waiver and understands that they have given up substantial rights by voluntarily signing waiver and release of liability.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

If under 18 years of age signature of parent or guardian: \_\_\_\_\_