



# BLACKABY'S SEA KAYAKS AND TOURS

## Assumption of risks and medical form

Any information that you provide in this form will be kept confidential and will not deny your participation on the tour. Providing us with the following information will help your guides to reduce the risk of injury and have contingency plans in case of emergency. Withholding any details may increase risk of injury and illness complications. **Release of liability must be signed to participate on the tour.**

Trip: \_\_\_\_\_

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Your address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

State: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please answer the following:

What is your swimming ability? non-swimmer poor fair good  
(circle one)

How often do you exercise? everyday twice a week few times a month not often (circle one)

When was your last tetanus booster or inoculation?  
(You must have had a tetanus shot in the last 10 years for trip participation)

Are you under the care of a physician? Yes No  
If yes, for what

Do you have any psychological limitations or phobias? Yes No  
Please describe:

Have you been hospitalised or had a serious injury or operation in the last five years? Yes No  
If yes, for what

Do you have any dietary restrictions or requirements?

Please list any medical conditions, medical or food allergies, etc. and describe the nature and/or reactions:



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## Assumption of Risks

As a participant on the trip that I have chosen, with Blackaby's Sea Kayaks and Tours, I acknowledge that there are risks inherent with participating in sea kayaking and other outdoor adventure activities I may participate in and travelling into remote areas where injury, medical treatment, and/or unanticipated events may occur. By signing this release of liability and assumption of risk I am accepting responsibility for my own welfare and waive any future claims against Blackaby's Sea Kayaks and Tours for a liability, to the maximum extent permitted by law.

I have voluntarily applied to participate in the trip designated on the "Assumption of Risk and Medical Form" and I voluntarily participate on the trip with the knowledge that there are numerous risks and dangers, including but not limited to the forces of nature, accidents or illness without rapid access to adequate medical facilities or medical supplies, limited means of evacuation or access by road, boat, plane, trail, road or physical exertion which I am not prepared.

I understand that I may be exposed to real risks of injury, or even death, from such hazards or events as immersion in cold water, hypothermia, cold injuries, collision with rocks, surf related injuries, insect bites or stings, collisions with my own or other watercraft, drowning and accidents while travelling to and from a tour location.

I am aware that outdoor travel with groups invariably involves compromise to accommodate the ability levels, diverse desires, travel goals, and personalities of group members. I have been advised that the trip leader may be required in his or her good faith, discretion and/or to make decisions based on group safety, which may not please personally but is based on the safety of the group as a whole. I acknowledge and accept these aspects of group travel. I release Blackaby's Sea Kayaks and Tours from any and all liability.

## Release of Liability

I hereby agree and assume to be responsible for my own welfare, accept any and all risk of delay, unanticipated event, emotional trauma or death. I have and do hereby assume the risks explained in the "Release of Liability and Assumption of Risks" and will hold Blackaby's Sea Kayaks and Tours, owners, agents, and associates harmless from and defend them from any and all actions, causes of actions, suits, debts, demands and claims of every kind and nature whatsoever which I now have or may hereafter arise out of or in connection with the tour.

I am mentally, physically and in all other respects fit and fully able to participate in adventure travel and have no special medical requirements or conditions except as described in the "Medical Form" to participate in this tour. The release shall serve as a release and assumption of risk for myself and for my heirs, administrators, executors, and for all members of my family, including any minor accompanying me.

By signing this form I acknowledge that I have read, understand and agree to the terms and conditions set forth in the above "Release of Liability" and in the "Assumption of Risks" part of the document.

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

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

Signature of parent or guardian if guest is under 18 years of age:

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

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

**Mail to:**            **Blackaby's Sea Kayaks and Tours**  
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