



In consideration of the services of Moondance Sea Kayak Adventures, their agents, owners, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "M.S.K.A."), I hereby agree to release and discharge M.S.K.A., on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that sea kayaking entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: boat capsize; tidal conditions and currents; travel in remote areas; collision with objects or other watercraft; prolonged exposure to cold water, hypothermia, accidental drowning; mental anguish or trauma, illness in remote areas; exposure to sun, strong wind, cold, storms, large waves, eddies and whirlpools, and lightning; aggressive and/or poisonous marinelife; wrist, arm, shoulder, and/or back injuries; slips and falls while hiking; and rapidly changing adverse weather and water conditions.

Furthermore, M.S.K.A. guides have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless M.S.K.A. from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of M.S.K.A.'s equipment or facilities, **including any such Claims which allege negligent acts or omissions** of M.S.K.A..

4. Should M.S.K.A. or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume -- and bear the costs of -- all risks that may be created, directly or indirectly, by any such condition.

6. In the event that I file a lawsuit against M.S.K.A., I agree to do so solely in the state of Washington, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against M.S.K.A. on the basis of any claim from which I have release them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____ Print Name: _____

Address: _____ Email: _____

Phone: _____ Date: _____

Trip Date: _____ Trip Location: _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by M.S.K.A. to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless M.S.K.A. from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____

Medical Report

Name _____

Notify in case of emergency: Name _____

Address _____ City _____ State _____ Zip _____ Relation _____

Home Phone _____ Work Phone _____

Guardian's Permission to act in regard to Minor: _____

Minor's name _____

Are you currently taking any prescription medications? Yes / No

Medication	Amount Frequency	For What Condition

Are you currently taking any over the counter medications? Yes / No

Medication	Amount Frequency	For What Condition

Please list all allergies: (medications, food, insects, plants, etc.)

Allergy	Reaction	Known Treatment

Do you have any special diet requirements?

Medical Conditions to be aware of:

Condition	Yes	No	Explanation (if yes)
handicap or physical limitations			
medical I.D. tag			
contact lenses			
dentures			
stoma			
diabetic			
breathing difficulties			
chest pain			
cardiac condition			
seizures			
epilepsy			
serious illness or injury (in last 3 years)			
fainting or dizzy spells			
ulcer			
G.I. disease or infection			
recurring headaches			
menstrual abnormalities			
abdominal pain			
communicable disease or recent exposure			
other			
frostbite			
heat stroke			
kidney problems			

Thank you for the above information. It will remain confidential.

I, _____ certify that the above information is factual to the best of my knowledge.

(signature)

(date)