## Kayak Express L.L.C.

## ASSUMPTION AND ACKNOWLEDGEMENT OF RISKS AND RELEASE OF LIABILITY AGREEMENT

In consideration of being allowed to participate in water sport events and activities and/or provided with water sport recreation property or services for myself and my minor children for whom I am parent, legal guardian or otherwise responsible, and my /our heirs, personal representative or assigns.

(Initials) 1. Acknowledgement of risk. Acknowledge that some, but not all, of the risk of participating in the water sport activity include: (1) changing water flow, tides, currents, wave action, and ship's wakes; (2) collision with any of the following: other participants, the watercraft, other watercraft and man made or natural objects; (3) wind shear, inclement weather, lightning, variances and extremes of wind, weather and temperatures; (4) my sense of balance, physical coordination, ability to operate equipment, swim and/or follow direction; (5) collision, capsizing, sinking or other hazard which results in wetness, injury, exposure to the elements, hypothermia and/or drowning; (6) the presence of insects and marine life forms; (7) equipment failure or operator error; (8) heat or sun related injuries or illness, including sunburn, sunstroke or dehydration; (9) fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of accident.  (Initials) 2. Express Assumption of Risk and Responsibility. Agree to assume responsibility for all risk of the activity, whether identified above or not, (even those risk arising out of negligence of the releasees named below). My/our participation in this activity is purely voluntary. I am aware that I am kayaking in a salt marsh. Oysters, crabs, shells and other elements of the marsh could cut my feet or other body parts if I am out of the kayak. I assume full responsibility for myself and any minor children for whom I am responsible, for any bodily injury, illness, paralysis, death, loss of property and the expenses thereof as a result of any accident which may occur while I/we participate in the activity (even if caused, in whole or in part by the negligence of the release named below). I agree to wear U.S. Coast Guard approved personal floatation device (life jacket) while participating in the activity or riding any watercraft.	
Date:	
Dontining and Name (Dring)	Si-mataura
Participants Name (Print)  Participants Name (Print)	
Participants Name (Print)	
	S UNDER THE AGE OF 18
Participants Name (Print)	(Parent/Guardian Signature)
Participants Name (Print)	(Parent/Guardian Signature)
Emergency Contact	Phone
FOR OFFICE USE ONLY	
SingleLength of time rei	Time Out Initials
Double	Time In Initials