



REGISTRATION, MEDICAL DECLARATION & WAIVER FORM

REGISTRATION INFORMATION

Please print your name and details clearly in block letters.

Name of participant _____ (_____) _____
Tel. # _____

Address _____ City _____

Province _____ Postal Code _____ E-mail _____

Allergies / Medical Conditions _____

EMERGENCY CONTACT

Parent/Guardian (Emergency Contact) _____ Relationship to Participant _____

Daytime Phone # _____ Evening Phone # _____ Email _____

Where and when is the best time to contact you in the event of an emergency? _____

Activity you are participating in: Kayak Canoe RSR WFA Other _____
Skill level / Specific course you are participating in _____

Equipment Rental Only (check here if you are renting equipment but not taking a course with Paddler Co-op)

MEDICAL DECLARATION

I, the person named above, am in good health. I have not recently been treated for, nor am I aware of any condition that would jeopardize my health or prevent my full participation while on this course. I agree that in the case of an emergency, the course instructor or his/her delegate has my permission to obtain appropriate medical treatment for me, if I am not in a condition to make such a decision myself. **Initial here:** _____

WAIVER AGREEMENT

This is a release of liability, waiver of claims, assumption of risks and indemnity agreement. By signing this document you will waive certain legal rights including the right to sue. Please read the following carefully:

I, the person named above, am aware that participating in the activities offered by or associated with Paddler Co-operative Inc. (herein referred to as Paddler Co-op) exposes me to **inherent risks, dangers and hazards**. By engaging in any activities offered by or associated with Paddler Co-op I freely accept and fully assume all inherent danger and hazards and the possibility of personal injury, death, property damage or loss resulting there from.

I agree TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against Paddler Co-op, and its directors, officers, employees, agents and representatives. In addition, I agree TO RELEASE PADDLER CO-OP and its directors, officers, employees, agents, and representatives from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my participation in activities offered by or associated with Paddler Co-op, due to any cause whatsoever, including negligence, breach of contract, breach of any statutory duty of care on the part of Paddler Co-op and its directors, officers, employees, agents and representatives.

I confirm that I have read and understood this paragraph. Initial here: _____

I have read and understood the Agreement prior to signing it. I am aware that by signing this Agreement I am waiving certain legal rights, which I or my heirs, next of kin, executors, administrators, and assigns may have against Paddler Co-op and its directors, officers, employees, agents and representatives. I agree to HOLD HARMLESS AND INDEMNIFY Paddler Co-op from any and all liability for any property damage or personal injury. Any paddling photos taken during my course may be used for Paddler Co-operative promotional material.

I am of sound mind and am signing this waiver of free will, without any duress or penalty.

Signature of participant: _____ Date: _____

Witness' Signature: _____ Date: _____

Signature of parent or guardian if the participant is under 18 years of age: _____