



BURNT STORE ISLES ASSOCIATION
Kayak Club
WAIVER & RELEASE OF LIABILITY
READ BEFORE SIGNING

A waiver must be signed, by each participant, before their first participation for the season. Sign, scan and email to kayaking@bsia.net or bring the signed form to your first outing of the season.

This is a waiver and release of liability I hereby declare that I have no physical or mental conditions that should preclude me from participating in my chosen activity and that I am not participating against medical advice or treatment.

I acknowledge that kayaking entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, damage to me, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I expressly agree to assume all of the risks existing in this activity. My participation is purely voluntary, and I elect to participate despite the risks.

In consideration of the services of Burnt Store Isles Association, their agents, officers, volunteers and employees and all other persons acting in any capacity on their behalf, collectively referred to as BSIA, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless BSIA, from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity, including any such claims which allege negligent acts or omissions of BSIA. Should BSIA be required to incur attorney's fees and costs to enforce this Release of Liability, I agree to indemnify and hold them harmless for all such fees and costs.

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

Signature _____ Date _____

Name(print) _____

Street Address _____

City _____ State _____ Zip _____