**Sharkey’s Water Sports Club Waiver and Medical Release Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(Name of Member and Member #)***acknowledge that I am, of my own free will, participating in all of the sporting offerings from Sharkey’s Water Sports located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a member in their Water Sports Club offering Kayaks, Paddle boarding, and Bicycles as part of the membership offerings. I am fully aware of the aerobic type of activities involved in said practice and the risks associated with these activities. I agree to fully and forever release, discharge, indemnify and hold harmless ***Sharkey’s Water Sports***, its agents, servants and employees from any and all claims, demands, damages, rights of action of causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in these practices.

I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY MYSELF WHILE IN THE PRACTICE OR TRY-OUT SESSIONS. I ALSO ACKNOWLEDGE THAT I WILL NOTIFY THE SHARKEYS WATER SPORTS CLUB OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY MYSELF PRIOR TO ANY PARTICIPATION.

 WITNESS my signature on this the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Printed Name of Participant)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Signature of Participant)***

**Parent or Guardian must sign if Participant is under 18 years of age.**

 I, as parent or guardian of the above named Participant agree individually and on behalf of my child or ward, to the terms of the above Waiver, Medical Release and Indemnity Agreement.

 WITNESS my signature on this the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*Full Name of Parent or Guardian*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(Signature of Parent or Guardian***