

Great Bay Discovery Center Kayak Program

RELEASE AND WAIVER OF ALL LIABILITY FOR GREAT BAY DISCOVERY CENTER KAYAK GUIDES AND NATURALISTS

The undersigned, with the intention of binding himself/herself and any other persons for whom his or her signature is requested as a parent or legal guardian, and the heirs, executors, administrators, and assigns of the undersigned or said other persons, does hereby knowingly and voluntarily release and discharge the State of New Hampshire and its agencies, employees and volunteers, from any and all claims, demands, actions, judgments, and executions which each of the undersigned or the persons for whom his or her signature has been requested ever had, or now has, or may have or claim to have arising out of participation in the Great Bay Kayak Program or any activity conducted, sponsored, or approved by the State of New Hampshire Fish and Game Department whether occasioned by the negligence of the State, its employees or otherwise.

This Release and Waiver is given in consideration of the efforts of the State of New Hampshire Fish and Game Department in making these activities available to the undersigned or the person for whom his or her signature is requested as a parent or legal guardian and allowing the undersigned to participate in these activities,

The undersigned acknowledges the risks inherent in kayaking and voluntarily assumes those risks. These risks include, but not limited to, wind, waves, sun, other boats, tides, and currents. Each undersigned expressly agrees that the foregoing Release and Waiver is intended to be as broad as permitted by the laws of the State of New Hampshire and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF ALL LIABILITY.

PROGRAM NAME: _____

PROGRAM DATE: _____

Name of Participant (Please Print)

Date of Birth

Address

Signature of participant

Date

- I would prefer that NO photos be taken of me during this program that would be used in press releases and publications of the Great Bay National Estuarine Research Reserve.

Great Bay Discovery Center Kayak Program Medical Information Form

Please fill out this form completely to allow for your participation in this program. Failure to complete all portions of the form could result in injury or compound to the damage of an injury. This information is available only to the trip leaders and is used to ensure your safety and well-being. Thank you!

Program Name: _____

Program Date: _____

Name: _____

Address: _____

Phone: _____

In case of an emergency we can contact:

Name: _____

Address: _____

Phone: _____

Allergies: Do you have any allergic reactions (e.g. bee stings, foods, medications, etc.)? If so, what is your reaction? Do you have/take medication for it?

Medications: Are you taking any prescription or non-prescription medications? If so, please provide the medications, dosage, and reason taking the medication.

Do you have any chronic illnesses? (e.g. diabetes, asthma, heart disease, etc.)

Have you recently (within 3 years) experienced any injuries? Please indicate where the injury occurred and if you have fully recovered from this injury.

Do you have any physical conditions that may limit or prevent you from participating in certain physical activities?

Primary Physician's address and phone number (if possible):

Insurance carrier and ID number (if possible):

Great Bay Discovery Center 2019 Summer Kayak Programs

Thank you for registering for a Great Bay Discovery Center kayak program! Please find enclosed:

- Medical information form
- Liability waiver form with photo release
- Please fill out these forms and send them in or bring them with you on the day of your trip.

The trip you signed up for is: **National Marine Educators Association Kayak Trip**

Date and Time: **July 25th 8:30am-10:30am**

Location: **Great Bay Discovery Center**

89 Depot Rd, Greenland, NH

Items to Bring:

- Hat
- Sunglasses
- Sunscreen
- Water
- Snack(s)
- Spare clothing
- Clothing that can get wet (no cotton or jeans)
- Closed toed shoes that can get wet and muddy
- Bug spray
- Medication if needed
- Strap for glasses

If you have any questions please call (603) 778-0015 or email Colleen at colleen.mcclare@wildlife.nh.gov

Great Bay Discovery Center

89 Depot Road

Greenland, NH 03840