

SKAMOKAWA CENTER

PO BOX 212 Skamokawa, WA 98647 888-920-2777 info@skamokawakayak.com

LIABILITY WAIVER

PLEASE READ THE FOLLOWING AND SIGN

WARNING: There are significant elements of risk in any activity associated with watercraft, including kayaks, paddlecraft, and motorized craft, especially when these craft share the same waterways.

ACKNOWLEDGEMENT OF RISKS: I realize there exist inherent risks associated with this activity such as collision, capsizing, and sinking which can lead to personal injury, paralysis, dismemberment, hypothermia, drowning or other forms of death. I also realize that many factors contribute to the unpredictability of this activity, including but not limited to variable or changing wind and weather conditions, waves, and turbulence created by other watercraft.

ASSUMPTION OF RISK AND RESPONSIBILITY: Having understood the aforementioned inherent and potential risks of this activity, I willingly and voluntarily assume responsibility for damage to or loss of personal property including the rental equipment as the result of any accident which may occur. I affirm that I am mentally and physically capable of participating in this activity and using the equipment.

RELEASE: In consideration of services or property provided to me, I, for myself and any minor children for which I am parent, legal guardian, or otherwise responsible, any heirs, personal representatives or assigns, do hereby release Skamokawa Center, dba Skamokawa Paddle Center, its principals, directors, officers, agents, employees and volunteers from all liability and waive any claim from damage arising from my use of said equipment.

I HAVE READ THE PRECEDING AND REALIZE THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING MY LEGAL RIGHTS. I WILL WEAR A U.S. COAST GUARD APPROVED PERSONAL FLOTATION DEVICE AT ALL TIMES. I UNDERSTAND THE POTENTIAL RISKS OF PADDLING IN THE COLUMBIA RIVER AND RELATED WATERWAYS.

Signature: _____ Date: _____

Signature: _____ Date: _____

Emergency contact name: _____

Relation: _____ Phone: _____

If the above is/are under 18:

PARENT OR LEGAL GUARDIAN SIGN BELOW: I affirm that I am the parent or legal guardian of the individual(s) signing this Release above and that I have read and understand the Release and accept the same, that I consent to the above individual's use of the equipment and that I agree on my own behalf and on the behalf of said individual(s) to be bound by the contractual understandings set forth in this release.

Signature: _____ Date: _____