



Participant Information Youth Programs

Program Name: _____ Date: _____

Name: _____

Address: _____

Phone(s): _____

In case of emergency please notify _____ at _____

Alternate emergency contact: _____ at _____

Outfitting Information:

Age:

Height:

Weight:

Sex:

What is your child's swimming ability/comfort in the water?

What are your/your child's expectations for this program?

Does your child have any medical, physical or emotional conditions that might affect our teaching methods or your child's experience? Please describe them.

Does your child take any medications? Please list them. If your child uses an inhaler for asthma, does he/she carry it with them? How often does your child use it under normal circumstances? If your child has diabetes, what is his or her treatment regimen?

Does your child have any allergies? If allergic to bees, does your child carry a bee sting kit?

Umiak does not carry participant medical insurance.

Please call the Program Staff at (802) 253-2317 if you have any questions about your program or this form.

Umiak Outdoor Outfitters
849 South Main Street • Stowe, VT 05672
(802) 253-2317 • fax: (802) 253-2551 • paddle@umiak.com • www.umiak.com

Release of Liability and Assumption of Risk Youth Programs

This is a contract with legal consequences – read it carefully before signing!
Your signature is required for participation.

This program/trip involves participation in activities which are, by their nature, physically and emotionally demanding. I understand and accept the dangers and risks of participating in this canoeing or kayaking course. These dangers include, but are not limited to the following: the physical and emotional demands of participation, hazards both natural and human-made, the use of unfamiliar equipment, travel in a vehicle not driven by you, hazards associated with any manufactured product, the hazards of travel in a canoe or kayak in all water conditions, swimming/floating, in unfamiliar and sometimes turbulent water, rescue attempts, physical exertion associated with paddling and carrying equipment.

I understand and accept that the excitement and enjoyment of these activities is derived in part from the inherent risks of these activities, beyond the accepted safety of life at home. You are solely responsible for your child's decision to participate and continue in this program, and accept responsibility for your decision. I assume all risks of injury, loss of life and loss of or damage to your property arising from your participation.

I specifically release Umiak Ltd. And its agents from any and all liability including passive or active negligence. I further agree to hold Umiak Ltd. And its agents harmless from any and all actions, causes of actions, debt claims and demands of any kind which I now have or may arise from or in connection with your child's participation in this course or any other activity related thereto as to any right of actions or claims to relief that may occur to me, my heirs, or personal representatives.

In the event of an emergency, every effort will be made to contact parents or guardians. By signing this form, you are granting Umiak the right to seek medical care for your child should the need arise.

I further understand that Umiak, Ltd. carries no medical insurance for participants and Umiak, Ltd. Shall not alter the terms of this waiver nor impose any liability on Umiak, Ltd.

I hereby grant Umiak the right to use, for promotional purposes only, any photographs taken by them of your child during your child's participation in this program.

I have carefully read this agreement and fully understand its contents. I am aware that this is a personal assumption of risk and release of liability and I sign it of my own free will.

Participant's Signature

Printed Name

Date

Parent's signature (for minor)

Program Title