

# KAYAK HORIZONS

TIME OUT: \_\_\_\_\_ BOAT TYPE: \_\_\_\_\_ 1 HOUR: \_\_\_\_\_ ½ DAY: \_\_\_\_\_ Date: \_\_\_\_\_

## READ CAREFULLY WAIVER AND RELEASE OF LIABILITY

In consideration of **Kayak Horizons** furnishing services, the Kayak Horizons' premises and/or equipment to enable me to participate in kayaking or canoeing, I agree as follows:

I fully understand and acknowledge that: **(a)** outdoor recreational activities have inherent risks, dangers and hazards and such exist in my use of kayaking and canoeing equipment and my participation in kayaking and canoeing activities; **(b)** my participation in such activities and/or use of such equipment or premises may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; **(c)** these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of **Kayak Horizons**; the negligence of participants, the negligence of theirs, accidents, beaches or contract, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, guide decision-making, including that a guide may misjudge terrain, weather, trail or ocean conditions, and water level, risk of falling out of or drowning while in a canoe or kayak and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, ocean, outdoor or recreational environment.

By my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees of Kayak Horizons, or by any other person, including myself. I also verify that I am in good health, not under the influence of any drugs or alcohol of any kind, nor do I have them in my possession, and am capable of pursuing the sport of kayaking or canoeing, and that my participation in this activity is voluntary. I/we also agree to wear a properly secured USCG approved personal floatation device, of type 3 or better, at all times. Areas of operation are to include the protected waters of Morro Bay harbor and estuary, Baywood Park/Los Osos back bay area, but not to exceed seaward of the red buoy #8 adjacent top Northernmost T-pier, just West of the Coast Guard Cutter. Kayak Horizons does not allow its boats on the open ocean.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, discharge, hold harmless, defend and indemnify Kayak Horizons and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of kayaking or canoeing equipment or premises or my participation in kayaking or canoeing activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have at the present time or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of Kayak Horizons.

I HAVE READ THE WAIVER AND RELEASE AND BY SIGNING IT, AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE KAYAK HORIZONS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

PRIMARY Name (Printed) \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

AGE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ SIGNATURE or \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN (IF UNDER 18 YEARS OLD)

### ADDITIONAL NAMES AND SIGNATURES

_____	_____	_____
Print NAME AND SIGNATURE	Print Name and Signature	Print Name and Signature
_____	_____	_____
Print NAME AND SIGNATURE	Print Name and Signature	Print Name and Signature
_____	_____	_____
Print NAME AND SIGNATURE	Print Name and Signature	Print Name and Signature

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PRIMARY NAME (printed) \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

AGE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ SIGNATURE or \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN (IF UNDER 18 YEARS OLD)

### ADDITIONAL NAMES AND SIGNATURES

_____	_____	_____
Print NAME AND SIGNATURE	Print Name and Signature	Print Name and Signature
_____	_____	_____
Print NAME AND SIGNATURE	Print Name and Signature	Print Name and Signature
_____	_____	_____
Print NAME AND SIGNATURE	Print Name and Signature	Print Name and Signature

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