



**KAI IKAIKA PADDLING CLUB  
Waiver and Release of Liability**

**READ CAREFULLY BEFORE SIGNING**

This waiver must be signed before participation in any practice; race or event sponsored by Kai Ikaika Paddling Club is allowed.

I, the undersigned, *(Please Print)* \_\_\_\_\_, hereby certify and declare that I am an applicant in a paddling program that provides periodic practices in watercraft owned by Kai Ikaika Paddling Club. In consideration for the privilege of using the watercraft for paddling activities, I do hereby personally, without reservation, waive, release, acquit, and forever discharge the watercraft owner, officers and Board of Directors of Kai Ikaika Paddling Club, agents, and employees from any and all suits, claims, demands, or assertions of liability, injury to incorporeal interests, or other like damages occasioned by, arising from, or otherwise connected with my participation in the said program and do personally covenant that no action of law or suit in equity shall be brought against the sponsors, owners, or any of them, their officers, agents or employees, or the owner of the premises upon which the activities of the program are to be conducted on account of any matter hereinabove set forth.

I, also acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social economic losses which might result not only from my own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to Kai Ikaika Paddling Club or not reasonably foreseeable at the time of any Kai Ikaika Paddling Club activity.

I declare that I am aware of the contemplated activities and potential risks and hazards therewith. I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death. I authorize the sponsors, owners, officers, and employees who may be in charge to direct and control my activities when required for participation. I authorize the person or persons in charge to secure any necessary emergency medical services for myself, agree to pay for such services, and to hold the sponsors, and each of them, and their officers, agents, and employees harmless from any claims thereto.

The provisions of this instrument shall be legally binding on my heirs, agents, successors, and assigns.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR APPLICANTS UNDER 18 YEARS OF AGE**

Please have parent or legal guardian sign below:

I, the undersigned, *(Please Print)* \_\_\_\_\_, as parent/legal guardian of the above named minor person have read and agree to all of the above conditions.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



In the event of an emergency:

Contact Person: \_\_\_\_\_ Contact phone # \_\_\_\_\_