

**APGMWR Outdoor Recreation Service Center**  
**Kayak Class (es) & Excursion(s) Registration Form**

2184 Aerospace Rd, Aberdeen Proving Ground, MD, 21005

410-278-4124

Emergency Line: 443-356-1856

**Participant Information**

Sponsor Name: \_\_\_\_\_ Sponsor Status: (AD/Ret/ Civ etc.) \_\_\_\_\_

Name(s) followed by age: \_\_\_\_\_

\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Requested Date of Class(es): \_\_\_\_\_

Date of Excursion(s): \_\_\_\_\_

# of Single Kayak(s): \_\_\_\_\_ # of Tandem Kayak(s): \_\_\_\_\_  
(One Seat) (Two Seater)

**More Information:**

- Minimum age of participant is 12 years old for both regular classes, and excursions.
- The meeting location for classes & excursions will be the Outdoor Recreation Building.
- Class -\$60 (per person for single kayak) and \$40 (per person for tandem kayak)
- Excursion- \$40 (per person for single kayak) and \$30 (per person for tandem kayak)
- If for any reason a class or excursion is cancelled, you can receive a refund. You may also reschedule for another class or excursion.
  - o Note: Personal Cancellations must be 24 hours in advance to receive refund.  
\$5.00 admin fee will be retained.
- If and when a class or excursion is canceled, you will receive an email, as well as a phone call.

**By signing this document you are acknowledging that you read the above information for the kayak classes and excursions.**

Patron Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Release of Liability & Participant Agreement**

**By signing this document, you will waive certain legal rights including the right to sue.  
Please read carefully.**

In consideration of being allowed to participate in any way in MWR or MWR Contractor services, its related events and activities, I \_\_\_\_\_, the undersigned, acknowledge, appreciate, and agree that:

I fully understand and agree that these activities have inherent risks, dangers and hazards and that my participation in such activities and/use of such equipment may result in injury or illness, including, but not limited to, bodily injury, disease, strains, fracture, partial and/or total paralysis, death or other ailments that could cause serious disability. These risks and dangers may be caused by the negligence of the owners, employees, officers or agents of MWR or MWR Contractor, the negligence of the participants, the negligence of others, accidents, breaches of contract, the unpredictable forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including but not limited to, guide decision making, water levels, weather conditions, risks associated with capsizing a kayak, including hypothermia and drowning, and any hazards and dangers that are integral to recreational activities and/or use of equipment, including wading, swimming, hiking, portaging, camping, and animals that may cause harm.

I confirm that I am physically capable and fit to participate in this activity and I have no medical conditions or needs other than those listed below. I have been advised that I must wear an approved personal flotation device at all times while on the water and that I must not be under the influence of alcohol or any mind altering substance, and will not carry, use or consume these substances before or during my scheduled activity.

I further agree that MWR or MWR Contractor have permission and authority to address and treat medical conditions and emergencies as they deem appropriate, and I agree to pay any charges for such medical treatment, including related transportation, and will indemnify MWR or MWR Contractor for the same.

I am aware that any photos taken can be used at MWR or MWR Contractor's discretion. Do you agree to allow your photo to be taken? Yes/ No

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature \_\_\_\_\_ (printed) \_\_\_\_\_

Medical Conditions and special needs: \_\_\_\_\_

Emergency Contact (not here today): \_\_\_\_\_