APGMWR Outdoor Recreation Service Center Kayak Excursion(s) Registration Form

Building 2184, 6627 Aerospace Rd, Aberdeen Proving Ground, MD, 21005

410-278-4124

Emergency Line: 443-910-6259

Participant Information	
Sponsor Name:	Sponsor Status: (AD/Ret/ Civ etc.)
Name(s) followed by age:	
Contact Phone Number:	
Email Address:	
Date of Excursion(s):	
# of Single Kayak(s):	# of Tandem Kayak(s):
(One Seat)	(Two Seater)
More Information:	
excursion will be at Swan Creek B - Excursion- \$40 (per person for sir - If for any reason an excursion is or reschedule for another excursion - Note: Personal Cancellation - \$5.00 admin fee will be re-	ons will be the Outdoor Recreation Building the actual soat Launch. Ingle kayak) and \$30 (per person for tandem kayak) Is anceled, you can receive a refund. You may also Is ans must be 24 hours in advance to receive refund.
By signing this document you are acknowledging	g that you read the above information for the kayak 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

elated events and activities, I	, the undersigned,
acknowledge, appreciate, and agree that:	
fully understand and agree that these activities have inherent risks, dan participation in such activities and/use of such equipment may result in not limited to, bodily injury, disease, strains, fracture, partial and/or total ailments that could cause serious disability. These risks and dangers may the owners, employees, officers or agents of MWR or MWR Contractor, participants, the negligence of others, accidents, breaches of contract, the nature or other causes. Risks and dangers may arise from foreseeable or out not limited to, guide decision making, water levels, weather conditional capsizing a kayak, including hypothermia and drowning, and any hazards to recreational activities and/or use of equipment, including wading, sweamping, and animals that may cause harm.	injury or illness, including, but al paralysis, death or other y be caused by the negligence of the negligence of the he unpredictable forces of r unforeseeable causes including ons, risks associated with s and dangers that are integral
confirm that I am physically capable and fit to participate in this activity conditions or needs other than those listed below. I have been advised to be be be been advised to be be a floation device at all times while on the water and that I must be alcohol or any mind altering substance, and will not carry, use or consurduring my scheduled activity.	hat I must wear an approved not be under the influence of
further agree that MWR or MWR Contractor have permission and auth medical conditions and emergencies as they deem appropriate, and I ag medical treatment, including related transportation, and will indemnify the same.	ree to pay any charges for such
am aware that any photos taken can be used at MWR or MWR Contracallow your photo to be taken? Yes/ No	ctor's discretion. Do you agree to
I have read this release of liability and assumption of risk agreemen understand that I have given up substantial rights by signing it, and sign any inducement.	
Participant's Signature (printed)	
Medical Conditions and special needs:	
Emergency Contact (not here today):	