

# KAYAK SAFETY FORM

**For your safety, read this form. You must sign this form to kayak. Any guest under 18 yrs. of age must have a parent/guardian signature.**

## **SAFETY GUIDELINES**

1. All participants must be able to swim.
2. Life vests must be worn at all times by all persons kayaking.
3. No heavy horseplay – ramming kayaks together, striking paddles against each other or kayaks, towing kayaks, etc.
4. An adult must chaperone any young people using kayaks.
5. The ratio of 1 adult to 5 young people is essential.
6. Secure personal belongings. Loss of personal belongings while on the river is not the responsibility of the camp.
7. Be aware of weather conditions. At the first sign of bad weather, head back to camp.
8. Do not DRAG kayaks on the ground.
9. When you are done kayaking, please lock all equipment back up in the kayak shack.

## **ACKNOWLEDGEMENT OF RISKS – ACCEPTANCE OF RESPONSIBILITY**

I realize that there is an element of risk in any activity associated with the water. Knowing this, I certify that I am capable of participation. I agree to obey all rules and have had a briefing session. I agree to pay for all costs for loss or damage to equipment rented.

I hereby authorize the use and reproduction by Riverside Retreat and/or the Florida United Methodist Conference of any photographs, videotape and sound recordings taken of me during this program for media and marketing use. (*circle if NO*) NO

**YOUR SIGNATURE VERIFIES THAT YOU HAVE READ, UNDERSTOOD AND ACCEPTED THE TERMS AND CONDITIONS STATED, AND THAT THIS AGREEMENT SHALL BE IN EFFECT DURING THE ENTIRE PERIOD OF PARTICIPATION.**

\*\* Signature of participant indicates understanding of the above information and a release to treat, in the event of an emergency.

GROUP NAME: \_\_\_\_\_

PARTICIPANT SIGNATURE:

\_\_\_\_\_ Date \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (if under 18 yrs. Of age)

\_\_\_\_\_ Date \_\_\_\_\_

EMERGENCY CONTACT PHONE # \_\_\_\_\_

**Riverside Retreat United Methodist Camp**  
**Kayaking Consent Form**

Informed Consent/Medical Information Form/Photo Release  
Date and Time of Activity \_\_\_\_\_

I do hereby understand that any physical activity involves the risk of increased heart rate, injury and/or death. I understand that participation in programs with Riverside Retreat and/or the Florida United Methodist Conference is entirely voluntary. I and my family release Riverside Retreat and/or the Florida United Methodist Conference, its employees, staff and other agents from any claims or liability arising out of my participation. I agree that I will not be under the influence of any chemical substance including alcohol during such activities.

Name: (print) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have health/accident insurance? (*please circle*) YES NO

If YES, list carrier/policy # \_\_\_\_\_

Do you have any limiting physical or health problems? (*please circle*) YES NO

If YES, explain \_\_\_\_\_

Are you taking any medication, prescribed or otherwise? If so, list medication(s) and condition(s):

\_\_\_\_\_

List known allergies to medications or otherwise: \_\_\_\_\_

Are you allergic to bee stings or ant bites? \_\_\_\_\_ Do you have a sting kit? \_\_\_\_\_

Are you pregnant? \_\_\_\_\_

Do you currently have any of the following symptoms or conditions? (*check if yes*):

- |  |  |
|--|--|
| <input type="checkbox"/> Heart disease or heart attack             | <input type="checkbox"/> Epilepsy                    |
| <input type="checkbox"/> High blood pressure                       | <input type="checkbox"/> Drug reactions              |
| <input type="checkbox"/> Chest pains, palpitations or heart murmur | <input type="checkbox"/> Back, neck or knee problems |
| <input type="checkbox"/> Diabetes                                  | <input type="checkbox"/> Recent injuries             |
| <input type="checkbox"/> Asthma                                    |  |

Have you ever had a stroke? \_\_\_\_\_

Do you have a history of heart disease, high blood pressure or stroke in your family? \_\_\_\_\_

If you checked any of the above, please explain:

\_\_\_\_\_

List any other condition(s) we should be aware of: \_\_\_\_\_

\_\_\_\_\_