

Ultimate Watersports

Gunpowder Falls State Park – Hammerman Area, White Marsh, Maryland

Birthday Party REGISTRATION

I. Send registration to: **Ultimate Watersports 7340 Greenbank Rd. Baltimore, MD 21220**

Questions may be directed to 410-335-5352 or via e-mail to hal@ultimatewatersports.com

Name _____ turning age _____ (for ages 9 and up)

Address _____ E-Mail Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Requested Date: _____

Please choose (circle one): **Weekends:** 10am-1pm or 2pm-5pm **Weekdays:** 3pm-6pm

Please choose (circle one): **Sailing** or **Kayaking**

Includes: Kayak or Sailing Skills & Safety Instruction

Kayak or Sailing Games, Competitions & Tours
Floating Island Games, Swimming
20 x 20 Canopy
Picnic Tables
Music (you may bring favorite CDs)
Staff (1 per seven participants)
All equipment (kayaks, paddles, sailboats, life jackets)

Fee: \$ 300.00 for first 10 participants / \$20 per additional guest (max of 20 guests)

Also Available upon Request: Pizza Party (delivered on site: fresh, hot pizzas, sodas, paper plates & napkins. Custom Birthday Cakes also available with three days notice. **Fee.**)

Inclement Weather Policy:

* Inclement Weather (heavy rain or thunderstorms): Full credit for another date of your choice.

Cancellation Policy:

* \$50 of your deposit is non-refundable if you cancel within 48 hours of reserved date

Method of Payment (**\$100.00 minimum deposit due with Party Registration**)

Check # _____ (please make checks payable to: Ultimate Watersports) Total Enclosed \$ _____

Visa # _____ - _____ - _____ exp. date _____

Mastercard # _____ - _____ - _____ exp. date _____

Cardholder's Name _____ **Authorized Signature** _____

Ultimate Watersports Release Agreement

Please print Clearly

Name: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ E-Mail: _____

NAME AND PHONE NUMBER OF PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY:

NOTE TO THE PARTICIPANT

Participation in any watersport exposes the participant to certain risks and dangers. Accidents and injuries (superficial to fatal) resulting from the forces of Mother Nature, other boaters (both power and sail), malfunctioning equipment, unseen obstacles, fatigue, and your own misjudgment are a very real possibility.

Ultimate Watersports considers safety to be its utmost concern and as such, its staff includes individuals trained in life saving, water safety instruction, C.P.R., and Red Cross First Aid. The nature of these sports, however, makes it impossible to foresee and protect the participant from all conceivable dangers associated with water and watersports. Once the participant leaves the safety of the shore and enters the water, he/she must be prepared to assume all risks associated therewith.

Ultimate Watersports shall be responsible for and shall indemnify and hold the State of Maryland, Department of Natural Resources and all of their representatives harmless from any damage to property in or about the are and, from any claims, suits, actions, or liabilities arising from injuries to persons, including death, which are caused by any act or omission of Ultimate Watersports or Ultimate Watersports' agents, servants, employees, contractors or invitees.

AFFIRMATION AND LIABILITY RELEASE

THE UNDERSIGNED CERTIFY THAT THEY HAVE READ THE FOREGOING PRIOR TO THE SIGNING THEREOF AND AGREE AS FOLLOWS:

1. I hereby affirm that I have been well advised and thoroughly informed of the inherent dangers of Windsurfing, Kayaking, and Sailing
2. I here by agree to indemnify and hold harmless Ultimate Watersports, and staff, and the State of Maryland and all of the State's representatives, and the Department of Natural Resources from any and all liability for any harm, injury, death, or damages (physical, mental, or monetary), regardless of fault or negligence, which may befall me while participating in this program or while using Ultimate Watersports facilities. This release shall be binding upon my family, heirs, and administrators.
3. The undersigned here by certifies that the student is a proficient swimmer and agrees for the student to be tested by the Ultimate Watersports to determine the student's level of swimming proficiency if requested. Student agrees to wear a life vest.
4. I hereby agree to heed at all times the advice and instructions of Ultimate Watersports staff and to practice common sense water safety procedures.
5. To the extent provided by State Law, I also freely and voluntarily waive all claims for damages or loss to my person or property, or the ^{GP} person or property of third parties, that my be caused by an act, or failure to act, of the State Forest and Park Service (SFPS) or its agents and employees, and release the SFPS and the State of Maryland from any and all claims.

Medical Information

Participant has a history of:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Allergies | |
| <input type="checkbox"/> Handicap | <input type="checkbox"/> Recent operation or illness | <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Respiratory problem | <input type="checkbox"/> Chest Pains | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sinus problem |
| <input type="checkbox"/> Claustrophobia | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Dizziness/Fainting | |
| <input type="checkbox"/> Mental/Emotional problems | <input type="checkbox"/> Wears contacts or glasses | <input type="checkbox"/> Drugs/Medications | |
| <input type="checkbox"/> Problem if not listed above: | | | |

I certify that the above is correct to the best of my knowledge:

Date: ___/___/___ Party Guest: _____
Date: ___/___/___ Parent/Guardian: _____
(If under 18)