

# Ultimate Watersports User Agreement

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact:(Name) \_\_\_\_\_ (Ph #) \_\_\_\_\_

## 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 hereby 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 hereby 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 person or property of third parties, that may 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

Student has a history of:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Alcoholism              | <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"/> Smoking                   | <input type="checkbox"/> Diabetes          |
| <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Dizziness/Fainting          | <input type="checkbox"/> Mental/Emotional problems | <input type="checkbox"/> Ulcers            |
|  | <input type="checkbox"/> Drugs/Medications           | <input type="checkbox"/> Wears contacts or glasses | <input type="checkbox"/> None of the above |
- Problem if not listed above:

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student/Renter: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(if under 18)