

Nautical by Nature LLC

55 Sunset Ave.

Hampden ME, 04444

(207)385-7430

Acknowledgement and assumption of risk:

I _____ recognize the activities involved with kayaking on the ocean is an inherently risk undertaking. I also affirm and acknowledge that I have been advised to the risks involved in the activity which include, but are not limited to:

___ The activity and equipment used in sea kayaking carry a significant risk of injury, permanent disability and even death.

___ Exposure to cold water, currents, obvious and hidden obstructions which can cause injury or death

___ Cuts, scrapes, bruises and even broken bones, permanent disability and death

___ Possible equipment failure and/or malfunction of my own or other's equipment

___ Loss or damage of personal belongings, phones, camaras or other electronics.

___ Running into other people, and objects both obvious and hidden.

___ Being struck by other boats, people or objects

___ Heat and cold related injuries including hypothermia, hyperthermia including heat exhaustion and heat stroke, sunburn and/or dehydration

___ Exposure to outdoor element including inclement/severe weather, lightning, high and/or gusty winds, and temperatures.

___ Accidents or illnesses occurring in remote areas where access to medical facilities may be limited of delayed

___ Acute incidents of illness or reaction requiring an inhaler and/epinephrine. **Nautical by Nature LLC does not provide medications or any medical care beyond the basic level during kayak tours.**

___ My ability to hear, understand, follow instructions, and physical coordination and overall wellness.

___ My participation in this activity might expose me to COVID-19, and that even though company protocols, practices and discipline might reduce my chance of exposure the risk of serious illness and death is present.

Release of Liability, Waiver of Claims and indemnity:

In order to continue with any sea kayaking activities, I hereby acknowledge and consent to:

- 1. I hereby release and hold harmless in respect to any and all injury, death, disability or loos of personal property weather through negligence or otherwise, Nautical by Nature LLC and its associates, herein to be referred to as NBN.**
- 2. To release NBN its officers, agents, employees, directors and representatives from liability and responsibility whatsoever and for any claims or cause of action that I, my estate, heirs, survivors, executors or assigns may have for personal injury, wrongful death, or property damage arising from the above activities weather by active or passive negligence on the part of NBN. By executing this document, I agree to hold NBN harmless and indemnify them in conjunction with any injury, disability, death or loss or damage to personal or property which occurs as a result of engaging in the above activities.**
- 3. By entering into this agreement, I am not relying on any oral or written statements or representation made by NBN other than what is set forth in this agreement.**

This release shall fully be enforceable to the extent of the law. If any section or provision or section of this agreement is found to be unenforceable, the rest of the agreement shall be enforceable.

Signature _____ date _____

Signature of guardian for minor _____ printed name _____

Nautical by Nature

Medical Screening and questionnaire

We at NBN understand a person's right to privacy regarding their medical information. This information shared on this form will be protected as if this were a healthcare setting and subject to HIPPA laws. We collect this information in an effort to be prepared for any emergency. In the unlikely event that you cannot speak for yourself this information would be shared with emergency responders. This information will not be entered into a database or shared with any other persons or entities.

Are you currently under a doctor's care for any medical condition for which you are taking medications or treatments for: Yes ___ No ___ If yes what condition? _____

Are you a Diabetic? _____ Do you take Insulin? _____

Please list any cardiac conditions that you have. Including previous heart attacks, arrhythmias, cardiac stents or other conditions: _____

Please list any respiratory conditions that you have: _____

Please list any allergies: _____

Do you have any other medical conditions that NBN should be aware of: _____

Do you have any new respiratory symptoms including a cough, sore throat, loss of taste or smell?

Statement of Physical Fitness & Confidentiality

1. I _____ hereby attest that I am not participating in this activity against medical advice. Further that I have not been diagnosed with any terminal illness or any condition that would compromise my own or other people's safety. I also agree that if I am showing signs or symptoms of COVID-19 I will not partake in this activity. If I have or develop any physical complaints, I will inform my guide as soon as said complaints become apparent. Lastly I have truthfully answered these questions
2. All information collected in this form will remain confidential. The propose of collecting this information is intended to inform medical responders in the case I was unable to speak for myself.

Signature _____ Date _____

Photo release

I _____ hereby consent to allow NBN my image and likeness for the purposes of promotion, online and in social media and print. Also to for the proposes of educational materials.

Signature _____ Date _____