

**PLEASE FILL OUT AND READ CAREFULLY. THIS DOCUMENT RELATES TO YOUR LEGAL RIGHTS.**  
**SIGN AT THE BOTTOM.** Boston Outdoor Recreation, Inc. Referred below as the Company.

**Step 1: Participant Information** (This information is required, we will never sell or give away this information)

First Name:

Last Name:

Email:

Zip Code:      Phone:    -    -

**Step 2: Emergency Contact**

First Name:

Phone:    -    -

**Step 3: Read and understand the risks and our rules**

- I acknowledge that I can comfortably float or swim in the water. I understand that if I am not comfortable in the water I should not go boating. I understand that this is at my discretion.
- If the Company takes a picture of me I authorize the Company to use it in any manner it desires.
- If I get hurt I authorize the Company to call for medical help on my behalf and I will pay for my medical fees.
- If I damage the Company’s property I agree to pay the replacement value.
- I have a basic understanding of maritime rules of the road. I will stay in all channels and obey all rules. There are significant elements of risk associated with watersports and the outdoors. I acknowledge that some of these risks, including weather conditions, may cause boating to be difficult. I acknowledge that there is a possibility of my boat capsizing. If I see danger I will move away from it and alert anyone else I see on the water of its presence.
- I have the authority to sign on the behalf of any persons who I bring on the water, as I am a parent or legal guardian.
- I understand there is no jumping or swimming from the boats.
- The Company is not responsible for lost, stolen or damaged personal items. Personal items should be left behind in a secure location.
- I have read, understood and will obey by all safety rules and boundaries.
- I certify that my ward or I is in good health and can perform any strenuous activity required.

**Step 4: Please read and initial**

\_\_\_ If the boat turns over and/or I find myself in the water, I will hold on to the boat because it floats.

\_\_\_ If I hear 3 horn blasts I will **immediately** return to the Company docks.

\_\_\_ I understand that I am responsible to wear my lifejacket properly fastened at all times. If I have any questions about the fit of my lifejacket I will ask the Company staff before I participate in any on the water activity.

\_\_\_ I understand that I am boating at my own risk. I understand that assistance by anyone will be on the basis of the Good Samaritan Law. I further understand that if any Company employee can see that I need assistance, they may come out to assist me but they are under no obligation to do so.

\_\_\_ I understand that participation in the activities associated with Boston Outdoor Recreation including kayaking and canoeing is inherently dangerous and may test a person’s physical and mental limits. Such activities have the potential for death, serious injury and property loss to me or my ward. In consideration of my participation in the activities I release, discharge and waive from all liability any claims or actions I or my ward, may have now or may have in the future for death, disability, personal injury, property damage, property theft or the negligent acts or other conduct by the Boston Outdoor Recreation, Inc and its, directors, officers, employees, volunteers, representatives, affiliates and agents.

**Step 5: Sign stating you understand our agreement**

**I have read and understand the above statements and have had time to ask questions. I sign this statement voluntarily.**

**Signature (parent/legal guardian):** \_\_\_\_\_ **Date:**   /   /

**List minors** for whom you have the authority to sign

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_