

Instruction and Tours Packet (Please Print All Pages)

Thank you for registering with Sea Kayak Connecticut. Whether you're new to the paddling world or a seasoned veteran, we look forward to getting you out on the water and providing you with a truly memorable paddling experience. Before you arrive for your scheduled program, there are a few things we'd like you to do in preparation for your day on the water. To this end, we have put together this handy information packet that will both keep you organized and ensure that you are well prepared for your upcoming lesson or tour. Having THE PADDLER'S CHECKLIST portion of this packet fully completed before you arrive will enable us to quickly get you on the water and start the program in a timely fashion.

Please carefully review the contents at least one week prior to your scheduled program. Should you have any questions, please contact us at **203.247.9186** or info@seekayakct.com.

This packet contains the following:

Page 2	Paddler's Checklist and Directions to Classes and Tours
Page 3	Waiver and Release of Liability
Page 4,5	Confidential Medical Questionnaire

General Information:

Reservations are required for all programs. Payment is due in full at time of reservation. Reservations may be made via PayPal or personal check. For those paying with a personal check, please e-mail us and we'll provide you with a mailing address.

Cancellations with 72 hours or more notice before the program start time will receive a full refund. We apologize, but cancellations made with less than 72 hours notice will not be refunded. Showing up late or failing to appear for your scheduled program will result in forfeiture of the entire program fee. In the event that we cancel a class or tour due to lack of enrollment, severe weather or emergency, clients may opt to reschedule or receive a full refund. The minimum enrollment number for all of our programs is three.

A few sprinkles won't scare us away! All programs scheduled will run rain or shine. Should SKC determine that the weather conditions are unsuitable for an upcoming program; we will cancel the class/tour and contact you via cell phone. In the event of lightning or other severe weather conditions, our instructors will make an on-site, last minute determination on whether or not to proceed. So unless you've heard from us, Please Plan On Attending Your Program Regardless Of Weather Conditions Or Forecast.

For All Programs you may either bring your own equipment or we'll supply it for you at no extra charge. We do not provide discounts for bringing your own equipment. Clients may bring their own kayaks provided they are at least fourteen feet in length and have bulkheads, sealed hatches and deck lines fore and aft of the cockpit. To provide greater safety for the program participants and assure all participants are on a level playing field, we do not permit sit on top or recreational kayaks. Please contact us if you are unsure as to whether or not your equipment is suitable for one of our programs.

Forms including liability release forms and a confidential medical questionnaire are required for each program. Please complete all paperwork PRIOR to arriving for your lesson or tour. **14 Years** is the minimum age requirement for participating in one of our programs. If you are attending as a minor, please have your Parent/Guardian complete the appropriate sections of these forms.

Paddle-specific clothing is required for all programs. Please dress as if you're going swimming in your clothes. We'll try and keep you dry, but wearing the right clothes will make for a safer and more comfortable paddling experience. See the paddler's checklist Please do not wait until the last minute to purchase your clothing and accessories.

Personal Info is asked of you (height and weight) so that we may properly fit you to your kayak, board, paddle, pfd and spray skirt.

Punctuality and **Preparedness** are two of our favorite things. It's very important that our programs begin and conclude on time and it's no fun if we have to shove off without you. Please Arrive Having Everything On THE PADDLER'S CHECKLIST Completed And In-Hand 15 Minutes Prior To The Program Start Time.

Paddler's Checklist

The following items have been put together to help ensure that your paddling experience with us is comfortable safe and enjoyable. **All checkbox items are required.** Please make sure you have these items well in advance of your scheduled lesson or tour.

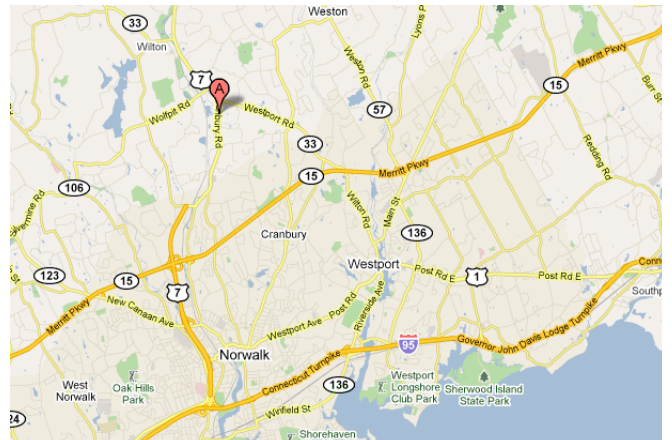
- Pre-completed Liability Waiver and Medical Questionnaire
- Water shoes (Teva, Keene or any other non-lace up shoes that will stay secured while swimming)
- Waterproof storage bag or box for keys, camera etc.
- Sunglasses with retaining strap and a Sun Hat/Ball Cap (If you wear contacts, please bring an extra pair)
- Bathing Suit or Board Shorts and a synthetic fabric shirt (Please avoid wearing cotton)
- Windproof/waterproof jacket, Large beach towel and Dry clothes to change into
- Waterproof sunscreen, a Sealed snack and a Large bottle of water
- Allergy medications (Required for all severe reactions - bee stings, asthma, peanut allergies, etc.)

Directions to Classes

Intro to Sea Kayaking | Intro to SUP | Advanced Strokes and Maneuvers | Safety and Rescues | Bracing and Rolling

Directions to Route 7 Pond
(129 DANBURY ROAD, WILTON, CT)

1. **FROM I-95**, take exit 15 and merge onto US-7N
2. US-7N will end at a signal. Turn right at the signal onto Grist Mill Road.
3. After .2 miles, Grist Mill road will end at a signal. Turn left at the signal onto Danbury Road.
4. Drive 1.6 miles on Danbury Road. The access road to the pond will be on the left between the electrical sub-station and Rings End Lumber.
5. Drive through the gate and down the gravel road. Once in the clearing, please park to one side of the clearing.

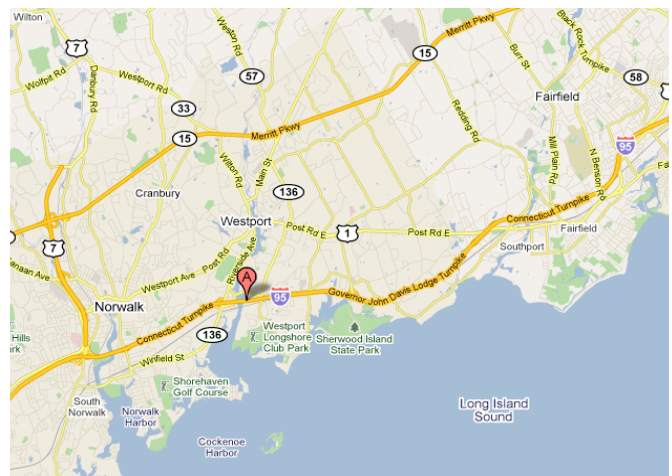


Directions to Tours

Saugatuck River Tour | Cockanoe Island Tour | Full Moon Tour | Sunset Tour

Directions to Saugatuck River Boat Launch
(1 ELAINE ROAD, WESTPORT, CT)

1. **HEADING NORTH ON I-95**, TAKE EXIT 17 and continue through the stoplight onto Park Street. Park St becomes Charles Street.
1. **HEADING SOUTH ON I-95**, TAKE EXIT 17 and turn right onto Saugatuck Avenue. Take the first left onto Charles Street.
2. At the end of Charles Street, turn left onto Riverside Ave.
3. Drive .2 miles and turn right onto Bridge Street.
4. Drive .5 miles and turn right onto Compo Road S.
5. Take the first right onto Elaine Road.
6. Entrance to the parking lot and launch will be up on the left just before the I-95 overpass.





Waiver and Release of Liability – Please Read Before Signing

In consideration of being allowed to participate in any way in SEA KAYAK CONNECTICUT’S operations, its related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that: (Please Print Full Name)

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of SEA KAYAK CONNECTICUT personnel immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS SEA KAYAK CONNECTICUT, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. By Participating in or attending any activity in connection with this program, I consent to the use of any photographs or videos taken of me or provided by me for publicity, promotion, television, websites, printed materials or any other use and expressly waive any right of compensation, privacy, copyright or any other ownership right connected to these materials.
[] Check here if you do not wish for your likeness to be used as mentioned above.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

X _____ DATE: _____
PARTICIPANT SIGNATURE (print name)

Address: _____ City: _____ State: _____ Zip: _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER 18) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ DATE: _____
PARENT/GUARDIAN'S SIGNATURE (print minor name)

Confidential Medical Questionnaire

Participant's Name _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Phone (C) _____ Doctor's Name _____ Phone _____

Medical History

Please describe condition/treatment where possible:

- | | |
|--|--------------------------------|
| 1. Are you under treatment for any illness or condition?
Describe: | No Yes |
| 2. Are you currently taking any medication(s)?
Describe: | No Yes |
| 3. Do you have any disabilities?
Describe: | No Yes |
| 4. Do you have any fears or phobias?
Describe: | No Yes |
| Do you feel forced to participate in this activity?
Describe: | No Yes |
| 5. Do you have any history of respiratory problems?
Describe: | No Yes |
| 6. Have you been directed to carry an inhaler or other breathing device?
Describe: | No Yes |
| 7. Do you have any allergies?
Describe: | No Yes |
| 8. Are you allergic to bee stings? | No Yes |
| 9. Have you been directed to carry an epi kit?
If so, is it with you now? | No Yes
No Yes |
| 10. Do you have a condition requiring regular medication? (e.g. diabetes, epilepsy, etc.)
Describe: | No Yes |



11. Have you had any injuries including back, spine, broken bones, dislocations, and sprains? **No Yes**
 If so, please list injury, year of occurrence and current condition.
 (Use the back of this page if more writing space is needed.)

12. Do you have a history of heart problems? (High cholesterol, heart murmur, MI, surgery) **No Yes**
 Describe:

13. Has your doctor told you to limit your activity in any way? **No Yes**
 Describe:

Kayaking can elevate heart and respiration rates in participants and those with a history of heart and respiratory problems can be placed at great risk. If this is true for you, consult your physician before enrolling. If you are already on site and reading this for the first time, please speak with the instructor or trip leader regarding your condition and the suitability of the scheduled program.

14. Have you ever undergone surgery? **No Yes**
 Describe:

15. Are you pregnant? **No Yes**
 If so, How many months?

16. Are there any other factors that we should know about before we start this program? **No Yes**
 Describe:

17. I have answered the above questions accurately and completely? **No Yes**

18. I believe that I am in good health and I affirm that my participation in Sea Kayak Connecticut activities will in no way aggravate any condition(s) present. If in doubt, I will seek and follow medical advice before participating. **No Yes**

19. The Sea Kayak Connecticut staff has my permission to seek and/or administer emergency care in the event that the health and well being of the participant is involved; and the participant and/or guardian is unable to respond or cannot be reached at the time of the emergency; or due to the nature of the emergency, there is insufficient time to contact the parent or guardian. **No Yes**

FOR MINORS

20. I believe that my son/daughter/ward is in good health and I affirm that his or her participation in Sea Kayak Connecticut programs will in no way aggravate any condition(s) present. If in doubt, I will seek and follow medical advice before participating. **No Yes**

Signature _____ Date _____

Parent or Guardian Signature _____ Date _____