

## Pool Sessions 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 into the pool and providing a truly enjoyable experience. Before you arrive for your scheduled program, there are a few things we'd like you to take care of. Having the Paddler's Checklist portion of this packet fully completed before you arrive will enable us to quickly get you into the pool and allow us to start our programs on time.

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@seakayakct.com](mailto:info@seakayakct.com).

### **This packet contains the following:**

Page 1	Paddler's Checklist
Page 2	Adult/Minor Waiver and Release of Liability
Page 3/4	Confidential Medical Questionnaire
Page 5	Directions and Map for Pool Sessions and Instruction

### **General Information:**

**Reservations** are required for instruction. Payment is due in full at time of reservation. Reservations may be made via PayPal.

**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 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 pool programs is two.

**A few snowflakes** won't scare us away! All programs scheduled will run rain or shine, sleet or snow. 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. 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 for a \$35 charge. We do not provide discounts for bringing your own equipment. Clients may bring their own 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 session. **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.

**What to wear** Locker rooms are available for changing into bathing suits. Nose plugs, swim caps and goggles are optional.

**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. 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 program.

- Pre-completed Waiver and Release of Liability and Medical Questionnaire
- Large towel and dry clothes to change into – It'll be chilly outside
- Nose Plugs, ear plugs, swim cap, goggles (Recommended but optional)
- Paddle Float, Rescue Stirrup, Bilge pump and sponge (Recovery and Rescues Only)



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:

- 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 WISE, 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.
6. Sea Kayak Connecticut reserves the right to admit and instruct participants at its own discretion. Providing or receiving compensated instruction other than that provided by Sea Kayak Connecticut is prohibited.

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



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 \_\_\_\_\_

## Directions and Map for Pool Sessions and Instruction

### Directions to Greenwich YWCA (259 East Putnam Avenue, Greenwich, CT)

- 1. FROM I-95**, take exit 4 and turn north onto Indian Field Road. If you go over a Railroad bridge, you're going the right way.
- 2.** After one mile, Indian Field Road intersects East Putnam Avenue at a signal. Turn left at the signal onto East Putnam Road.
- 3.** After  $\frac{3}{4}$  of a mile on East Putnam Avenue, the entrance to the Greenwich YWCA will be on the right. Please park in the rear lot and use the lower level entrance.

