

# ISAIAH'S RUN WATER SPORTS



## Assumption and Acknowledgment of Risks and Release of Liability Agreement

In consideration of being allowed to participate in watersports events, and activities and/or being provided with watersport recreational property or services, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, and for my/our heirs, personal representatives or assigns:

**ACKNOWLEDGMENT OF RISKS.** Acknowledge that some, but not all, of the risks of participating in the watersport activity include: (1) changing water flow, tides, currents, wave action, and boat and ships wakes; (2) Collision with any of the following: other participants, the watercraft, other watercraft, and manmade or natural objects; (3) Wind shear, inclement weather, lightning, variances and extremes of wind, weather, and temperature; (4) My sense of balance, physical coordination, ability to operate equipment, swim and/or follow directions; (5) Collision, capsizing, sinking or other hazard which results in wetness, injury, exposure to the elements, hypothermia, and/or drowning; (6) The presence of insects and marine life forms; (7) Equipment failure or operator error; (8) Heat or sun related injuries or illnesses, including sunburn, sunstroke or dehydration; (9) Fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of an accident.

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY.** Agree to assume responsibility for all the risks of the activity, whether identified above or not, (EVEN THOSE RISKS ARISING OUT OF THE NEGLIGENCE OF THE RELEASEES NAMED BELOW) My/our participation in the activity is purely voluntary. I assume full responsibility for myself and any of my minor children for whom I am responsible, for any bodily injury, accident, illness, paralysis, death, loss of personal property and expenses thereof as a result of any accident which may occur while I/we participate in the activity. (EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE RELEASEES NAMED BELOW).

I AGREE TO WEAR A U.S. COAST GUARD approved flotation device (life jacket) while participating in the activity or riding in any watercraft.

**RELEASE.** I hereby release **BOHEMIAN WATERSPORTS, LLC dba ISAIAH'S RUN WATERSPORTS SCHOOL**, it's principals, directors, officers, agents, employees and volunteers, their insurers and each and every land and lake owner upon whose property an activity is conducted (owners) and their insurers, if any, (Collectively "Releasees") FROM ANY AND ALL LIABILITY OF ANY NATURE FOR ANY AND ALL INJURY OR DAMAGE (INCLUDING DEATH) TO ME OR MY MINOR CHILDREN AND OTHER PERSONS as a result of my/our participation in the activity. EVEN IF CAUSED BY THE NEGLIGENCE OF ANY OF THEIR RELEASEES NAMED ABOVE, OR ANY OTHER PERSON (INCLUDING MYSELF).

I HAVE READ THIS ASSUMPTION AND ACKNOWLEDGMENT OF RISKS AND RELEASE OF LIABILITY AGREEMENT. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM WAIVING VALUABLE LEGAL RIGHTS, INCLUDING ANY AND ALL RIGHTS I MAY HAVE AGAINST THE OWNER, THE OPERATOR NAMED ABOVE OR THEIR EMPLOYEES, AGENTS, SERVANTS, ASSIGNS, OR PROPERTY OWNERS WHERE SUCH ACTIVITY IS CONDUCTED.

Participants Name (printed) \_\_\_\_\_

Age: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Parent or legal guardian signature (for participants under 18): \_\_\_\_\_

# ISAIAH'S RUN WATER SPORTS

## Registration

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

### **Student**

Name: (first) \_\_\_\_\_ (mi) \_\_\_\_\_ (last) \_\_\_\_\_

Address: (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Sex: M F

USA Waterski Member Number (if applicable): \_\_\_\_\_

### **Custodial Parent / Guardian** (if under 18)

Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Day Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Evening Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### **Personal Insurance**

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Primary Holder: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### **Emergency Contacts**

	<u>Name</u>	<u>Relationship</u>	<u>Phone Numbers</u>	
			Home	Cell
1.	_____	_____	____ - ____ - ____ / ____ - ____ - ____	____ - ____ - ____
2.	_____	_____	____ - ____ - ____ / ____ - ____ - ____	____ - ____ - ____
3.	_____	_____	____ - ____ - ____ / ____ - ____ - ____	____ - ____ - ____

# ISAIAH'S RUN WATER SPORTS

**Health Info** (please attach pages for additional space needed)

Medications: (what): \_\_\_\_\_ (frequency): \_\_\_\_\_

(what): \_\_\_\_\_ (frequency): \_\_\_\_\_

(what): \_\_\_\_\_ (frequency): \_\_\_\_\_

Allergies:

Food: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

Past illness or disability that might limit student's activity (include operations, serious injuries, chronic or recurring illnesses): \_\_\_\_\_

\_\_\_\_\_

Eating Concerns / Special needs: \_\_\_\_\_

\_\_\_\_\_

Any other items (examples: bedwetting, sleep walking, afraid of the dark): \_\_\_\_\_

\_\_\_\_\_

Please sign in agreement that all given information is stated to the best of the student and parent / guardian's knowledge and will only be shared with camp staff in the student's best interest. The health history is correct concerning the participant and has permission to participate in all activities.

The staff members of Isaiah's Run Waterski and Wakeboard school have my permission to treat and/or transport the above named participant to the hospital or doctor for medical treatment should there be an illness or injury.

I hereby indemnify not to hold Isaiah's Run Water Sports School, staff members or land owners liable of any injuries due to the inherent and / or unknown risks at Isaiah's Run Water Sports School as well as all other camp activities for the duration of time under the supervision of the camp staff.

\_\_\_\_\_  
Participant signature (Or parent / guardian if under 18)

\_\_\_\_\_  
Date

# ISAIAH'S RUN WATER SPORTS

## Self-Assesment

Student's name: \_\_\_\_\_

Which events would the student like to work on while at ski school?

(Check all that apply):

- skiing on two skis
- Slalom skiing
- skiing the course
- Trick Skiing
- learning to ride jump skis
- Jumping
- Wakeboarding
- Kneeboarding

Other: \_\_\_\_\_

Equipment needs? \_\_\_\_\_

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What would the student like to learn or improve on while at ski school?

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